


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000007911 1. Entity Name J.B.'S APPLIANCE REPAIR & SERVICE, LLC	
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Principal Place of Business P.O. BOX 1579 335 NE COMMERCIAL CIR KEYSTONE HEIGHTS, FL 32656-1579	Mailing Address P.O. BOX 1579 335 NE COMMERCIAL CIR KEYSTONE HEIGHTS, FL 32656-1579
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02242004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3709993	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, J.B.
4333 SE 1ST AVE
KEYSTONE HEIGHTS, FL 32656

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000095966
03/25/04-800110-011 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD MILLER, J. B 4333 SE 1ST AVE KEYSTONE HEIGHTS, FL 32656
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *J.B. Miller* J.B. Miller, pres. 03-24-04 352-473-4545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #