2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000007911

1. Entity Name
J.B.'S APPLIANCE REPAIR & SERVICE, LLC

Principal Place of Business	Mailing Address
P.O. BOX 1579 335 NE COMMERCIAL CIR KEYSTONE HEIGHTS, FL 32656-1579	P.O. BOX 1579 335 NE COMMERCIAL CIR KEYSTONE HEIGHTS, FL 32656-1579

DO NOT WRITE IN THIS SPACE

01142005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
59-3709993	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

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IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

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

Signature typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE
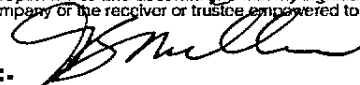
**Filing Fee is $50.00
Due by May 1, 2005**

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

U00000213148
02/03/05-80059-007 50.00

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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)(i), 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, PRES._   02/01/2005   352-473-4545

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