2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 05, 2007 08:00 AN Secretary of State

DOCU	JMEN	JT#L	.03000	0510	624

1. Entity Name

J&S EXTENDED SERVICE OF FLORIDA, LLC



Principal Place of Business 15400 EMERAL COST PKWY SUITE 504

DESTIN, FL 32541

Mailing Address

15400 EMERAL COAST PKWY SUITE 504

DESTIN, FL 32541



DO NOT WRITE IN THIS SPACE

01312007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0812486

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

LINDSAY, ALLEN W JR 5218 WILLING STREET MILTON, FL 32570

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 see by May 1, 2007	U00000520473 02/03/07-80040-001 S	
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	LOCKLEAR, STEVE		
STREET ADDRESS	15400 EMERAL COAST PKWY SUITE 504		
CITY-ST-ZIP	DESTIN, FL 32541		
TITLE	MGR		
NAME	LOCKLEAR, JEANNE		
STREET ADORESS	15400 EMERAL COAST PKWY SUITE 504		
CITY-ST-ZIP	DESTIN, FL 32541		
TITLE			
NAME			
STREET ADDRESS		1 50	NOT MINITE
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TITLE		181	TUIC CDACE
NAME		1 114	THIS SPACE
STREET ADDRESS			
CITY - ST - ZIP			

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 it 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

URE: Stor Fortene

1-31-07

A(850) 232-2658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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