

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90025 021 ****50.00

DOCUMENT # L04000070767

1. Entity Name
J.L.S. INVESTMENT, LLC



Principal Place of Business
15782 NW 79 CT.
MIAMI LAKES, FL 33016

Mailing Address
15782 NW 79 CT.
MIAMI LAKES, FL 33016



02102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3169018

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, LUIS
15782 NW 79 CT
MIAMI LAKES, FL 33016

**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

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
LOPEZ, LUIS
15782 NW 79 CT
MIAMI LAKES, FL 33016

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LOPEZ, JORGE L
15782 NW 79 CT
MIAMI LAKES, FL 33016

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LOPEZ, SARA
15782 NW 79 CT
MIAMI LAKES, FL 33016

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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:

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

04-17-06

Date

786-326-8613

Daytime Phone #