

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000071322

FILED
Feb 10, 2012
Secretary of State

Entity Name: J.E.B. INSURANCE SERVICES LLC.

Current Principal Place of Business:

5404 CHESTNUT LAKE DRIVE
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 56827
JACKSONVILLE, FL 322416827

New Mailing Address:

P.O. BOX 56827
JACKSONVILLE, FL 322416827 US

FEI Number: 27-5552243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OTT, DAVID
5404 CHESTNUT LAKE DRIVE
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: OTT, DAVID
Address: 5404 CHESTNUT LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: MGRM
Name: OTT, AMY
Address: 5404 CHESTNUT LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32258 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID OTT

MGRM

02/10/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date