# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**
**May 09, 2007 8:00 am**
**Secretary of State**
05-09-2007 90030 043 ****55.00

DOCUMENT # L06000110112

1. Entity Name

J L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 1025 34TH AVE NORTH<br>ST. PETERSBURG FL 33704<br>US | 1025 34TH AVE NORTH<br>ST. PETERSBURG FL 33704<br>US |

1st MOORE CR2E083 (10/06)

| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number ☐ Applied For ☒ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| WEST, WILLIAM<br>1025 34TH AVE NORTH<br>ST. PETERSBURG FL 33704 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**Due By May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>WEST, WILLIAM<br>1025 34TH AVE NORTH<br>ST. PETERSBURG FL 33704 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Gary West 4-25-07 727-488-8581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #