

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000003224

**Entity Name:** JB FRIDAY, LLC

**Current Principal Place of Business:**

625 N. FLETCHER AVE  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

P.O BOX 16508  
FERNANDINA BEACH, FL 32035

**FEI Number:** 27-4503715

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FRIDAY, JAMES B  
625 N FLETCHER  
FERNANDINA BEACH, FL 32034 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name FRIDAY, EDWARD  
Address 160 FRIAR LANE  
City-State-Zip: MCMURRAY PA 15317

Title MGRM  
Name FRIDAY, JAMES B  
Address 625 N. FLETCHER AVE  
City-State-Zip: FERNANDINA BEACH FL 32034

Title MGRM  
Name FRIDAY, JO ANN  
Address 102 FERNWOOD LANE  
City-State-Zip: CHESWICK PA 15024

Title MGRM  
Name HAWK, KARIN  
Address 49 UNIVERSAL DRIVE  
City-State-Zip: BRIDGVILLE PA 15017

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES B FRIDAY

MGRM

02/06/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date