

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000246749

**Entity Name:** J4 SERVICES LLC

**Current Principal Place of Business:**

2932 PONCE DE LEON SPRINGS ROAD  
PONCE DE LEON, FL 32455

**Current Mailing Address:**

2932 PONCE DE LEON SPRINGS ROAD  
PONCE DE LEON, FL 32455

**FEI Number:** 83-2265652

**Certificate of Status Desired:** No

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

LOCKE, JAMES L JR  
2932 PONCE DE LEON SPRINGS ROAD  
PONCE DE LEON, FL 32455 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 MGR  
Name LOCKE, JAMES L JR  
Address 2932 PONCE DE LEON SPRINGS ROAD  
City-State-Zip: PONCE DE LEON FL 32455

Title MGR  
Name LOCKE, JACOB D  
Address 2932 PONCE DE LEON SPRINGS ROAD  
City-State-Zip: PONCE DE LEON FL 32455

Title MGR  
Name SIMMONS, ALBERT R  
Address 2732 OAK GROVE ROAD  
City-State-Zip: PONCE DE LEON FL 32455

Title MGR  
Name SAMS, JOSEPH M  
Address 2936 PONCE DE LEON SPRINGS ROAD  
City-State-Zip: PONCE DE LEON FL 32455

Title MGR  
Name LOCKE DEVELOPMENT, INC.  
Address 2932 PONCE DE LEON SPRINGS ROAD  
City-State-Zip: PONCE DE LEON FL 32455

*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 LOCKE

**MGR**

**03/16/2021**

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

\_\_\_\_\_  
Date