## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

mother

SIGNATURE AND TYPED OR PRINTED NAME OF

Krdan

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## Jul 16, 2007 8:00 am Secretary of State **DOCUMENT # L00000007166** 07-16-2007 90040 033 \*\*\*\*50.00 J. CUBED CONSULTING, LLC Principal Place of Business Mailing Address 4911 20TH AVENUE, WEST P.O. BOX 3319 SARASOTA, FL 34230 BRADENTON, FL 34209 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4911 20th Suite, Apt. #, etc. 07092007 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State 65-1024251 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JORDAN, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 4911 20TH AVENUE, WEST **BRADENTON FL 34209** City 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 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 September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGR ☐ Delete TITLE ☐ Addition TITLE ☐ Change JORDAN, ANTHONY NAME NAME 4911 20TH AVENUE, WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

7-11-07

Oavtime Phone #