

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003384

Entity Name: J.B. PHILLIPS, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

509 WESTON PLACE
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

509 WESTON PLACE
DEBARY, FL 32713

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, BERT T
509 WESTON PLACE
DEBARY, FL 32713 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 () Delete
Name: PHILLIPS, JOYCE A
Address: 509 WESTON PLACE
City-St-Zip: DEBARY, FL 32713

Title: MGRM () Delete
Name: PHILLIPS, BERT T
Address: 509 WESTON PLACE
City-St-Zip: DEBARY, FL 32713

Title: MGRM () Delete
Name: HENSLEY, TRACY D
Address: 7305 GLEN BROOK LN.
City-St-Zip: CHARLOTTE, NC 28265

Title: MGRM () Delete
Name: INDIHAR, LISA C
Address: 7170 AMBERWOOD LN
City-St-Zip: SAVAGE, MN 55378

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BERT T. PHILLIPS

MGRM

04/30/2009

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