

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000008367 1. Entity Name J&S MANAGEMENT DISTRIBUTORS, LLC	
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Principal Place of Business 558 MATTERHORN ROAD JACKSONVILLE, FL 32216	Mailing Address 558 MATTERHORN ROAD JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE



05122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3719977	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KEASLER JR, FRANK R 4309 PABLO OAKS COURT, STE 5 JACKSONVILLE, FL 32224

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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 _____
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FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, RICHARD A 558 MATTERHORN RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SURBER, LARRY J 4280 PACKARD DR. JACKSONVILLE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: <u><i>Richard A Jones</i></u> RICHARD A JONES	<u>5/12/08</u> 5/12/08	<u>904/333-4779</u> 904/333-4779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #