## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

SIGNATURE:

## Mar 08, 2007 8:00 am Secretary of State DOCUMENT # L01000008507 1. Entity Name 03-08-2007 90191 021 \*\*\*\*55.00 J H SERVICES, LLC Principal Place of Business Mailing Address 2816 N 46TH AVE 2816 N 46TH AVE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 65-1128904 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo HARAM, JAMES E Street Address (P.O. Box Number is Not Acceptable) 108 17TH ST., EAST **BRADENTON FL 34208** 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. 2-26-07 Signature, typed or printed name of registe FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGRM ☐ Delete TITLE Change ☐ Addition HARAM, JAMES E NAME **STREET ADDRESS** 2816 N 46TH AVE STE J481 STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 THE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TOTALE Addition ☐ Delete 1000 ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - 7IP CHY ST 7/P TITLE ☐ Delete 1011 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HILE Delete 11111 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY+ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustoe empowered to execute this report as required by mapter 608, Florida Statutes.

FILED