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## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

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SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE

## Sep 05, 2003 8:00 am Secretary of State DOCUMENT # L01000008507 09-05-2003 90066 047 \*\*\*\*55.00 1. Entity Name J H SERVICES, LLC Principal Place of Business Mailing Address 90154154 108 17TH ST., EAST 108 17TH ST., EAST **BRADENTON FL 34208** BRADENTON FL 34208 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 65-1128904 Applied For City & State City & State 4. FEI Number Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARAM, JAMES E Street Address (P.O. Box Number is Not Acceptable) 108 17TH ST., EAST **BRADENTON FL 34208** City Zip Code FĿ 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 # MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MGRM ☐ Addition ☐ Change TITLE ☐ Delete TITLE HARAM, JAMES E NAME NAME 108 17TH EAST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34208** CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition 🗖 : Defete: TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITI F 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 exemption stated in Section 119.07(3)(i), 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.