

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000011168

1. Entity Name
JBMS INTERNATIONAL, LLC



Principal Place of Business
**3100 22ND AVE. N.
ST. PETERSBURG, FL 33713**

Mailing Address
**3100 22ND AVE. N.
ST. PETERSBURG, FL 33713**



01082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3746046

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOUKALIS, WILLIAM
3100 22ND AVE. N.
ST. PETERSBURG, FL 33713**

**DO NOT WRITE
IN THIS SPACE**

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

William Boukalis
(NOTE: Registered Agent signature required when reinstating)

2/10/04
DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000053686
02/16/04-80141-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAM, BOUKALIS 3100 22ND AVE. N. SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOUKALIS, JOHN 2318 SW 120TH STREET SEATTLE, WA 98146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARTER, PAUL 16134 SE 33RD LANE BELLEVUE, WA 98008
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

William Boukalis

2/10/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #