

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000018947

1. Entity Name

J B HOLDINGS OF SARASOTA, L.L.C.



Principal Place of Business

**7225 PROCTOR ROAD
SARASOTA FL 34241**

Mailing Address

**7225 PROCTOR ROAD
SARASOTA FL 34241**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

75-2987991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGINNESS, W. LEE
1800 SECOND STREET, SUITE 971
SARASOTA FL 34236**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM ☐ Delete
HIBBS, JOYCE O
STREET ADDRESS
7225 PROCTOR RD
CITY-STATE-ZIP
SARASOTA FL 34241

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
MGRM ☐ Delete
HIBBS, WAYNE A JR
STREET ADDRESS
7225 PROCTOR RD
CITY-STATE-ZIP
SARASOTA FL 34241

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

2-7-07

Date

941-924-8226

Daytime Phone #