

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED

Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000004196

1. Entity Name

J-BIRD ENTERPRISES, LLC



Principal Place of Business

15800 KINGSMOOR WAY
MIAMI LAKES FL 33014

Mailing Address

15800 KINGSMOOR WAY
MIAMI LAKES FL 33014



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

3. Mailing Address

Room, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

NO-T APPLICABLE

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

MCLELLAN, JAMES L
15800 KINGSMOOR WAY
MIAMI LAKES FL 33014

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 qualifications of registered agent.

SIGNATURE

(Signature of registered agent or authorized representative)

(NOTE: Registered agent signature required when changing)

DATE

REGISTERED AGENT

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. CURRENT REGISTERED AGENT'S MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR ☐ Delete
NAME: MCLELLAN, JAMES L
STREET ADDRESS: 15800 KINGSMOOR WAY
CITY-STATE-ZIP: MIAMI LAKES FL 33014

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 000000835499
CITY-STATE-ZIP: 02/29/08-80038-009 138.75

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

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

11. I, the undersigned, 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

2/20/08

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