

FILED
Jun 13, 2003 8:00 am
Secretary of State

04-18-2003 90077 019 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L02000008610

1. Entity Name
JLC ENTERPRISE LLC



Principal Place of Business
1100 HEMLOCK ST.
NEW SMYRNA BEACH FL 32169

Mailing Address
1100 HEMLOCK ST.
NEW SMYRNA BEACH FL 32169

44004272

2. Principal Place of Business
1100 S. Atlantic Ave
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
New Smyrna Bch
Zip
32169
Country
USA

City & State
Zip
Country

4. FEI Number
80-0020474
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CUMMINS, JOSEPH P
1100 HEMLOCK ST.
NEW SMYRNA BEACH FL 32169

7. Name and Address of New Registered Agent

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
Joseph P. Cummins

4/16/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
Manager	Joseph Cummins	1100 S. Atlantic Ave	New Smyrna Beach FL 32169	

10. ADDITIONS / CHANGES

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED

4/16/03

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

Date Daytime Phone #

CRCE083 (10/02)