2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L02000011852

1. Entity Name J & S SUPPLY, LLC



FILED Jul 24, 2006 08:00 AN Secretary of State

Principal Place of Business

5449 NW 24 ST. MARGATE, FL 33063 Mailing Address

5449 NW 24 ST. MARGATE, FL 33063



07132006 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number		Applied For
	03-0444556		Not Applicable
5.	Certificate of Status Desired		\$5.00 Additional Fee Required

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

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MILLER, STEVE G 6204 NW 19TH CT. MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE

the congations of registered agent.						
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE			
	ing Fee is \$50.00 by September 6, 2006					
9.	MANAGING MEMBERS/MANAGERS		U00000571300 aar sa 00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, STEVE G 6204 NW 19TH CT. MARGATE, FL 33063		000000 571906 07/25/06-80007-025 50.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, JENNIFER 6204 NW 19 CT MARGATE, FL 33063					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE			
TITLE NAME STREET ADDRESS ' CITY-ST-ZIP		IN T	HIS SPACE			
TITLE NAME STREET ADDRESS CITY ST-ZIP			•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•			
indicated	certify that the information supplied with this filing does not on this report is true and accurate and that my signature shellity company or the regeiver or trustee empowered to exec	all have the same legal effect as if made under oath	n: that I am a managing member or manager of the			