

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000026365

1. Entity Name
J & B MECHANICAL, LLC



Principal Place of Business
**4802 S.W. 144TH STREET
OCALA, FL 34473**

Mailing Address
**4802 S.W. 144TH STREET
OCALA, FL 34473**



04022004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3656335

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JONES, CLAUDIA
4802 S.W. 144TH STREET
OCALA, FL 34473**

**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.

(NOTE: Registered Agent signature required when reconstituting)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM JONES, CLAUDIA 4802 S.W. 144TH STREET OCALA, FL 34473
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM BROWN, RANDALL 11091 S.E. 30TH STREET MORRISTON, FL 32668
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM BROWN, JUDY 11091 S.E. 30TH STREET MORRISTON, FL 32668
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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U4/U8/U4-80025-004 50.00

**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)(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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Claudia Jones, President 4/7/04 352-347-9905