

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000031424

1. Entity Name  
J3, LLC



Principal Place of Business  
11191 SW 60TH AVE  
PINECREST, FL 33156

Mailing Address  
11191 SW 60TH AVE  
PINECREST, FL 33156



01092008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
22-3887685

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WILLIAM D. SOMAN, P.A.  
11191 SW 60TH AVE  
PINECREST, FL 33156

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SOMAN, JEAN P  
11191 SW 60TH AVE  
PINECREST, FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SOMAN, WILLIAM D  
11191 SW 60TH AVE  
PINEVCREST, FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
REITER, JILL S  
5820 SW 87 ST  
PINECREST, FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SOMAN, JENNIFER L  
1330 W. AVE #502  
MIAMI BEACH, FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000796397  
01/29/08-80031-023 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** ✓ *JEAN P. SOMAN*

JEAN P. SOMAN  
MEMBER/MGR

01-22-08 786-268-1254

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

Date

Daytime Phone #