

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90131 016 ****50.00

DOCUMENT # L02000032921

1. Entity Name

JB ELEGANT CREATIONS, LLC



Principal Place of Business

8206 NIGHTINGALE RD
WEEKI WACHEE FL 34613

Mailing Address

8206 NIGHTINGALE RD
WEEKI WACHEE FL 34613

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

92-0188813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BETANCOURT, RUTH
8206 NIGHTINGALE RD
WEEKI WACHEE FL 34613-5391

7. Name and Address of New Registered Agent

Name

Ruth Betancourt
Street Address (P.O. Box Number is Not Acceptable)

8206 Nightingale Street
City Weeki Wachee FL Zip Code 34613

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME BETANCOYRT, RUTH
STREET ADDRESS 8206 NIGHTINGALE RD.
CITY-ST- ZIP WEEKI WACHEE FL 34609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP ☐ Delete

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STREET ADDRESS
CITY-ST- ZIP ☐ Delete

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STREET ADDRESS
CITY-ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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)(i), 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

Date

Daytime Phone #

3/22/05 352-596-6887