

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90146 026 ****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

8206 Nightingale Rd.
Suite, Apt. #, etc.

3. Mailing Address

8206 Nightingale Rd.
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Weeki Wachee, FL
34613

City & State

Weeki Wachee, FL
34613

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 STREET
BROOKSVILLE FL 34613

Weeki Wachee, FL 34613

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME BETANCOYRT, RUTH
STREET ADDRESS 8206 NIGHTINGALE RD.
CITY - ST - ZIP WEEKI WACHEE FL 34613 (34613)

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10. ADDITIONS / CHANGES

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #

1/ 28/06 352-596-6887