

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90043 011 ****50.00

DOCUMENT # L03000004434

1. Entity Name

J.S. KARAOKE, LLC



Principal Place of Business

7778 BENTGRASS COURT
LARGO FL 33777

Mailing Address

P.O. BOX 650
PINELLAS PARK FL 33780



2. Principal Place of Business - No P.O. Box #

6365-53rd St. N

3. Mailing Address

6365-53rd St. N

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Pinellas Park, FL

City & State

Pinellas Park, FL

Zip
33781

Country

USA

Zip
33781

Country

USA

2nd MOORE

CR2E083 (4/07)

4. FEI Number

36-4209771

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRAUSER, JEAN M
7778 BENTGRASS COURT
LARGO FL 33777

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

J. Strauser

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

(NOTE: Registered Agent signature required when re-registering)

DATE

7/16/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	STRAUSER, JOHN E	
STREET ADDRESS	7778 BENT GRASS CT.	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STRAUSER, JEAN M	
STREET ADDRESS	7778 BENT GRASS CT	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

J. Strauser

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

7/16/07

727-209-1313

Date

Daytime Phone #