2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008 08:00 A
Secretary of State

DOCUMENT # L03000009481

1. Entity Name
J & K INVESTMENTS OF LABELLE, LLC

Principal Place of Business	Mailing Address
P.O. BOX 490 90 YEOMANS AVENUE LABELLE, FL 33975	P.O. BOX 490 90 YEOMANS AVENUE LABELLE, FL 33975

01072008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0678636
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BOY, JOHN B JR.
401 S. W.C. OWEN AVENUE
CLEWISTON, FL 33440

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000776285
01/09/08-80017-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BOY, JOHN B JR.
STREET ADDRESS	90 YEOMANS AVENUE
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	MGRM
NAME	KINNEY, KENNETH E JR.
STREET ADDRESS	930 HWY 80 WEST
CITY-ST-ZIP	LABELLE, FL 33975
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: John B Boy Jr 1/7/08 863-675-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #