

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90036 018 ****50.00

DOCUMENT # L03000013925

1. Entity Name

JBS, LLC



Principal Place of Business

4611 S. UNIVERSITY DR., #303
DAVIE FL 33328

Mailing Address

4611 S. UNIVERSITY DR., #303
DAVIE FL 33328

2. Principal Place of Business

3. Mailing Address

5007 S.W. 91ST Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cooper City FL

Zip

Country

Zip

Country

33328

U.S.A.

4. FEI Number

51-0461076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

MOORE

CR2E083 (11/03)



6. Name and Address of Current Registered Agent

SHULTZ, JAY M
4611 S. UNIVERSITY DR., #303
DAVIE FL 33328

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	Manager	<input type="checkbox"/> Delete
NAME	Jay Shultz	
STREET ADDRESS	706 St Augustine Sq	
CITY-ST-ZIP	Memphis TN 38104	
TITLE	Manager	<input type="checkbox"/> Delete
NAME	Bevilly May	
STREET ADDRESS	919 N 6th Rd	
CITY-ST-ZIP	Belmont CA 94022	
TITLE	Manager	<input type="checkbox"/> Delete
NAME	Bonnie Carson	
STREET ADDRESS	4209 Edith Ln #A	
CITY-ST-ZIP	Greensboro NC 27404	
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		
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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 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

X3/9/2004 X954-609-5316
Date Daytime Phone #