

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027259

FILED
Sep 11, 2009
Secretary of State

Entity Name: JCS HOLDINGS LIMITED LIABILITY COMPANY

Current Principal Place of Business:

303 SOMERSET DR
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

84 LAURIEDR
FORT WALTON BEACH, FL 32548 US

Current Mailing Address:

303 SOMERSET DR
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

84 LAURIEDR
FORT WALTON BEACH, FL 32548 US

FEI Number: 04-3769008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MEASHEY, SETH M
84 LAURIE DRIVE
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MEASHEY, SETH M
Address: 84 LAURIE DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: MGR () Delete
Name: DALTON, CHRISTOPHER C
Address: 303 SOMERSET DR
City-St-Zip: FT WALTON BEACH, FL 32547 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SETH M MEASHEY

MGR

09/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date