# 2005 LIMITED LIABILITY COMPANY

### **ANNUAL REPORT** DOCUMENT # L03000036696

Principal Place of Business

1. Entity Name JBS, LLC

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY - ST - ZIP

2185 RADNOR CT.

NORTH PALM BEACH, FL 33408

Mailing Address

2185 RADNOR CT. NORTH PALM BEACH, FL 33408

# **FILED** Apr 18, 2005 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

02142005 No Chg-LLC

CR2E083 (10/03)

4. FEi Number 20-0255212 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SUROWITZ, DIANE C 2185 RADNOR CT. NORTH PALM BEACH, FL 33408

#### DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	iging its registered office or registered agent, or b	ooth, in the State of Florida. I am familiar with, and accept
SIGNATURE			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent algosture required when reinstating)	DATE
Fi Di	iling Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM SUROWITZ, DIANE 2185 RADNOR COURT JUNO ISLES, FL 33408	,	UNO000311234 04/18/05-80036-013 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE			•

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

1 Summert

4/4/25

561 741, 7851