

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000037406

**FILED**  
**Mar 04, 2012**  
**Secretary of State**

**Entity Name:** SMALL BUSINESS WORKS, LLC

**Current Principal Place of Business:**

4357 VENETIA BLVD.  
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

5145 PIRATES COVE ROAD  
JACKSONVILLE, FL 32210 US

**Current Mailing Address:**

4357 VENETIA BLVD.  
JACKSONVILLE, FL 32210 US

**New Mailing Address:**

5145 PIRATES COVE ROAD  
JACKSONVILLE, FL 32210 US

**FEI Number:** 51-0484964

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUSS, KENNEY, SAFER, HAMPTON & JOOS, P.A.  
4348 SOUTHPOINT BLVD  
SUITE 101  
JACKSONVILLE, FL 32216 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: MGRM  
Name: SCARBORO, JOANNA W  
Address: 5145 PIRATES COVE ROAD  
City-St-Zip: JACKSONVILLE, FL 32210 US

I hereby 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: JOANNA W SCARBORO

MGRM

03/04/2012

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