


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90134 048 ***138.75

DOCUMENT # L03000047946	
1. Entity Name JSDC L.L.C.	

Principal Place of Business 930 N. KROME AVENUE SUITE 2A HOMESTEAD, FL 33030 US	Mailing Address 930 N. KROME AVENUE SUITE 2A HOMESTEAD, FL 33030 US
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60005727



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01232008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent	
MAGIDSON, DAVID 930 N KROME AVE., STE 2A HOMESTEAD, FL 33030	

4. FEI Number 75-3143348	Applied For Not Applicable
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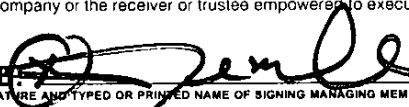
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGIDSON, DAVID L	NAME	
STREET ADDRESS	930 N. KROME AVENUE, SUITE 2A	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 33030	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMSON, JOHN M	NAME	
STREET ADDRESS	930 N. KROME AVENUE, SUITE 2A	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 33030	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 	Date <i>January 28, 2008</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

ATTACHMENT

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JSDC LLC

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Document Number L03000047946

Business Entity Name JSDC L.L.C.

FEI Number 75 - 3143348

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$5.00 each**Principal Place of Business**

Address 930 N. KROME AVENUE (PO Box not acceptable)

Suite, Apt. #, etc. SUITE 2A

City, State HOMESTEAD, FL

Zip Code & Country 33030 US

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☒ Mailing address same as principal address

Address 930 N. KROME AVENUE

Suite, Apt. #, etc. SUITE 2A

City, State HOMESTEAD, FL

Zip Code & Country 33030 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) MAGIDSON, DAVID, ,

- OR -

Business to serve as RA

Street Address In Florida 930 N KROME AVE., STE 2A (PO Box not acceptable)

Suite, Apt. #, etc.

City, State HOMESTEAD, FL

Zip Code & Country 33030 US

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#L030000617946

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

DAVID MAGIDSON

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Managing Member/Manager Name And Address**Name And Address #1**

Title

MGR

Name (Last, First, Middle, Title)

MAGIDSON

DAVID

L

- OR -

Entity Name to serve as MGR or MGRM

Street Address

930 N. KROME AVENUE, SUITE 2A

City, State

HOMESTEAD

FL

Zip Code & Country

33030

US

Name And Address #2

Title

MGR

Name (Last, First, Middle, Title)

ABRAMSON

JOHN

M

- OR -

Entity Name to serve as MGR or MGRM

Street Address

930 N. KROME AVENUE, SUITE 2A

City, State

HOMESTEAD

FL

Zip Code & Country

33030

US

Name And Address #3

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or MGRM

Street Address

City, State

Zip Code & Country

Name And Address #4

ATTACHMENT

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or MGRM

Street Address

City, State

Zip Code & Country

Name And Address #5

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or MGRM

Street Address

City, State

Zip Code & Country

Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or MGRM

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Managing Member/Manager Signature' block below. A business entity name is not allowed in this block.

Title

Managing Member/Manager Signature

The individual "signing" this document affirms that the facts stated herein are true.

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