

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000048394

1. Entity Name
JBS EQUITIES, LLC



Principal Place of Business
3020 SOUTH FLORIDA AVENUE
SUITE 101
LAKELAND, FL 33803

Mailing Address
3020 SOUTH FLORIDA AVENUE
SUITE 101
LAKELAND, FL 33803



01092008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3773236

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, DAVID J
3020 SOUTH FLORIDA AVENUE
SUITE 101
LAKELAND, FL 33803

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

U00000800677
01/31/08-80027-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ADAMS, DAVID J
STREET ADDRESS 3020 SOUTH FLORIDA AVENUE SUITE 101
CITY-ST-ZIP LAKELAND, FL 33803

TITLE MGR
NAME ADAMS, ROBERT J
STREET ADDRESS 3020 SOUTH FLORIDA AVENUE SUITE 101
CITY-ST-ZIP LAKELAND, FL 33803

TITLE MGR
NAME MADDOX, STEPHEN F
STREET ADDRESS P.O. BOX 7100
CITY-ST-ZIP LAKELAND, FL 33807

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #