

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049783

FILED
Apr 11, 2008
Secretary of State

Entity Name: J.S. COMMUNICATIONS, LLC

Current Principal Place of Business:

4846 NORTH UNIVERSITY DRIVE,
SUITE #366
FORT LAUDERDALE, FL 33351

New Principal Place of Business:

Current Mailing Address:

4846 NORTH UNIVERSITY DRIVE, SUITE #366
FORT LAUDERDALE, FL 33351

New Mailing Address:

FEI Number: 20-0449306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, LORNA P MGRM
4846 NORTH UNIVERSITY DRIVE,
SUITE # 366
FT LAUDERDALE, FL 33351 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 () Delete
Name: CAMPBELL, LORNA P MGRM
Address: 4846 NORTH UNIVERSITY DRIVE, SUITE #366
City-St-Zip: FORT LAUDERDALE, FL 33351

Title: MGR () Delete
Name: CAMPBELL, DEREK C MGR
Address: 4846 NORTH UNIVERSITY DRIVE, SUITE #366
City-St-Zip: FORT LAUDERDALE, FL 33351

Title: MGR () Delete
Name: CAMPBELL, BRIAN
Address: 4846 N. UNIVERSITY DRIVE, SUITE #366
City-St-Zip: FT LAUDERDALE, FL 33351

Title: MGR () Delete
Name: CAMPBELL, LORRAINE MGR
Address: 4846 N. UNIVERSITY DRIVE, SUITE #366
City-St-Zip: FT LAUDERDALE, FL 33351

Title: MGR () Delete
Name: CAMPBELL, DEREK MGR
Address: 4846 N. UNIVERSITY DRIVE, SUITE #366
City-St-Zip: FT LAUDERDALE, FL 33351

ADDITIONS/CHANGES:

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

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

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

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: LORNA P CAMPBELL

MGRM

04/11/2008

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