

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90151 002 \*\*\*150.00

**DOCUMENT # L03000050703**

1. Entity Name

JSNB, LLC



Principal Place of Business

5209 E. COLUMBUS DRIVE  
TAMPA FL 33619

Mailing Address

1109 HAMMINGBIRD LN.  
BRANDON FL 33511

20008599



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0475197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, RANDELL M  
315 S. HYDE PARK AVENUE  
TAMPA FL 33606

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE PT ☐ Delete  
NAME BUSEIGLIE, NORMAN  
STREET ADDRESS 1109 HAMMINGBIRD LN  
CITY-ST-ZIP BRANDON FL 33511

TITLE S ☐ Delete  
NAME BAREGLIE, JOHN ANKONY  
STREET ADDRESS 2103 TRAPWELL RD E  
CITY-ST-ZIP PLANT CITY FL 33511

TITLE PT ☐ Delete  
NAME Buseigle, Norman  
STREET ADDRESS 1109 Hammingbird Ln.  
CITY-ST-ZIP Brandon, Fla. 33511

TITLE S ☐ Delete  
NAME Buseigle, John Anthony  
STREET ADDRESS 2103 Trapwell Rd E.  
CITY-ST-ZIP Plant City Fla. 33511

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Norm Buseigle*

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

Date

Daytime Phone #

2/3/05

F13-CBS-0495