

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90053 014 ***138.75

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



2. Principal Place of Business - No P.O. Box #

3209 1109 Hummingbird Ln

3. Mailing Address

1109 Hummingbird Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

Brandon, Fla

City & State

Brandon, Fla

4. FEI Number

20-0475197

Applied For

Not Applicable

Zip

33511

Country

US

Zip

33511

Country

US

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's signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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 exemptions contained in Section 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: Norm Busciglio Norman Busciglio 1/25/2008 FT-685-0495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Cayman Phone #