

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050873

Entity Name: J&S ENT, LLC

FILED  
Jul 05, 2006  
Secretary of State

**Current Principal Place of Business:**

1400 SOUTH MAGNOLIA EXTENSION  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

1400 SOUTH MAGNOLIA EXTENSION  
OCALA, FL 34471

**New Mailing Address:**

FEI Number: 20-0470355      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

B&C CORPORATE SERVICES OF CENTRAL FL, INC  
390 N ORANGE AVE, STE 1100  
ORLANDO, FL 32801      US

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: MGR      ( ) Delete  
Name: FLEIGEL, JEFFREY D  
Address: 1400 SOUTH MAGNOLIA EXTENSION  
City-St-Zip: OCALA, FL 34471

Title: MGR      ( ) Delete  
Name: FLEIGEL, SUZANNE S  
Address: 1400 SOUTH MAGNOLIA EXTENSION  
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES:**

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 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: JEFFREY FLEIGEL

MGR

07/05/2006

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