

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90036 045 ****55.00

DOCUMENT # L03000056844					
1. Entity Name JF MEYERS, GENERAL CONTRACTOR LLC					
Principal Place of Business 251 BRESCIA ST. NE PALM BAY, FL 32907-1910			Mailing Address 251 BRESCIA ST. NE PALM BAY, FL 32907-1910		
2. Principal Place of Business - No P.O. Box # 325 Nogales Avenue, NE		3. Mailing Address 325 Nogales Avenue, NE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Palm Bay, FL		City & State Palm Bay, FL		4. FEI Number 59-3779069	
Zip 32907-2350		Country USA		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MEYERS, J.F. 251 BRESCIA ST. NE PALM BAY, FL 32907-1910			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 _____ (NOTE: Registered Agent's signature required when reconstituting) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MEYERS, JF 251 BRESCIA ST. NE PALM BAY, FL 329071910		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Meyers, JF 325 Nogales Avenue, NE Palm Bay, FL 32907-2350	
[] Delete			[X] Change [] Addition		
[] Delete			[] Change [] Addition		
[] Delete			[] Change [] Addition		
[] Delete			[] Change [] Addition		
[] Delete			[] Change [] Addition		
[] Delete			[] Change [] Addition		
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: _____			04-02-2007 (321) 951-4181		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		