2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

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NAME

TITLE NAME

FILED Mar 05, 2008 8:00 am Secretary of State 03-05-2008 90207 004 ***138.75

☐ Change

☐ Change

■ Addition

Addition

DOCUMENT # L0400001618 1. Enlity Name J AND B PORT ORANGE, L.L.C.						03-05-2008 9	90207 004 ***1:	38.75		
Principal Place of Business Mailing Address 932 HERBERT STREET 932 HERBERT STREET PORT ORANGE, FL US PORT ORANGE, FL 32127				60012697						
Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			0221200	8 Chg-LLC	CR2E083 (12/0	06)		
City & Stat	ie	City & State			4. FEI Nur 74-31	mber 113317		Applied For Not Applicable		
Zip	Country	Zip	Count	ry	5. Certifica	ate of Status Desired	□ \$5.00 Fee Req	Additional uired		
	6. Name and Address of Current	Registered Agent			7. Name a	ind Address of New	Registered Agent			
LOWE, JU	ILIER			Name						
138 GORAL STREET - DAYTONA BEACH, FL 32119				Street Address (P.O. Box Number is Not Acceptable) 932 HERBERF STREEF						
	. 52 . 6 , . 2 . 62						· · · · · · · · · · · · · · · · · · ·			
					City PORT ORANGE FL Zip Code 32129					
8. The above the obligat	named entity submits this statement to tions of registered agent.	r the purpose of changing i	ts registere	d office o	registered agent, or	both, in the State of F	florida. I am familiár v	with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable (NI	YE: Renieterer	Anent einnet	ure required when reinstating)		DATE			
	Signature, typed or printed name or registered agent	and use ii aposcable. (NC	/ c: negistered	Agent signer	rus rednied Austrianstatud)	<u> </u>				
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7!	5					ike check payable la Department of S			
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	S/CHANGES			
TITLE	MGRM	Delete	TITLE				Char	nge		
NAME	LOWE, JULIE R	C Detete	NAME				90.014	igo 🗀 i seculori		
STREET ADDRESS	138 CORAL STREET			ET ADDRESS	932 HER	GERT STRE	<u>e</u>			
CITY-ST-ZIP	DAYTONA BEACH, FL 32119			ST-ZIP	• •	ANGE, FL				
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TITLE		☐ Delete	TITLE				☐ Char	nge 🔲 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.

STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

Delete

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SIGNATURE: Stelle PlotoFullE R. Lawe	×8	2	OP.	(386)7616075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone ●