

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006693

Entity Name: JC & S GO BIG, LLC

FILED
Aug 30, 2005
Secretary of State

Current Principal Place of Business:

4900 66TH STREET NORTH
ST PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

4900 66TH STREET NORTH
ST PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 20-0651128 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:

REDDINGER, JUDITH A
17054 DOLPHIN DR
NORTH REDINGTON BEACH, FL 33708 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: MGRM () Delete
Name: REDDINGER, JUDITH A
Address: 4900 66TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33709

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REDDINGER, JUDITH A
Address: 17054 DOLPHIN DRIVE
City-St-Zip: NORTH REDINGTON, FL 33708

Title: MGRM () Change (X) Addition
Name: HASHEM, CAMILLE
Address: 10725 BANFIELD DRIVE
City-St-Zip: RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUDITH A REDDINGER

MGRM

08/30/2005

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