

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000015826

1. Entity Name
J & E INTERIORS LLC



Principal Place of Business
2725 ELSIE ROAD
ST AUGUSTINE, FL 32086

Mailing Address
2725 ELSIE ROAD
ST AUGUSTINE, FL 32086



01032006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0783511

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, JAMES D
2725 ELSIE ROAD
ST AUGUSTINE, FL 32086

**DO NOT WRITE
IN THIS SPACE**

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 signature required when renewing)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ANDERSON, JAMES D
2725 ELSIE ROAD
ST AUGUSTINE, FL 32086

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KNAPP, EDWARD
540 SEVILLA DRIVE
ST AUGUSTINE, FL 32086

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000378419
01/09/06-80005-005 50.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

James D. Anderson

1-4-06 904-794-0989