

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000018347

**1. Entity Name
J & J CHARTER SERVICE, LLC**



**Principal Place of Business
3321 PITCHER PLANT CIRCLE
PENSACOLA, FL 32506**

**Mailing Address
P.O. BOX 34240
PENSACOLA, FL 32507**



04162006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
NOT APPLICABLE**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PAYNE, JAMES A
3321 PITCHER PLANT CIRCLE
PENSACOLA, FL 32506**

**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 reinstating)

DATE

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

U00000540798
05/10/06-80031-023 50.00

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PAYNE, JAMES A
3321 PITCHER PLANT CIRCLE
PENSACOLA, FL 32506**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PAYNE, JUDY A
3321 PITCHER PLANT CIRCLE
PENSACOLA, FL 32506**

**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**

**DO NOT WRITE
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 A Payne 4/23/06 (850) 492-5231