## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 04, 2005 8:00 am Secretary of State **DOCUMENT # L04000037728** 05-04-2005 90047 030 \*\*\*\*50.00 JEP SYSTEMS LLC Principal Place of Business Mailing Address 2328 E 110TH AV 2328 E 110TH AV TAMPA, FL 33612 TAMPA, FL 33612 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04292005 Chg-LLC CR2E083 (10/03) 4. FEI Number 20-1150136 Applied For City & State City & State Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **PUGLIESE, JANICE E** Street Address (P.O. Box Number is Not Acceptable) 2328 E 110TH AV TAMPA, FL 33612 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State - -- MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Change ☐ Addition MGRM TITLE TITLE ☐ Delete NAME PUGLIESE, JANICE E NAME STREET ADDRESS STREET ADDRESS 2328 E 110TH AV CITY-ST-ZIP TAMPA, FL 33612 CITY-ST-7IB Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify 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 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.

SANICE

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

PuGLIESE

**FILED**