

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 26, 2007 8:00 am
Secretary of State

07-26-2007 90010 028 *****55.00

DOCUMENT # L04000038265

1. Entity Name

J & B REMODELING LLC



Principal Place of Business

**JOHN POLLARD
35 MAIN ST
CHATTAHOOCHEE FL 32324**

Mailing Address

**JOHN POLLARD
35 MAIN ST
CHATTAHOOCHEE FL 32324**



2. Principal Place of Business - No P.O. Box #

35 MAIN ST

3. Mailing Address

35 MAIN ST

Suite, Apt. #, etc.

Chattahoochee

Suite, Apt. #, etc.

Chattahoochee

City & State

Fla

City & State

Fla

2nd MOORE

CR2E083 (4/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**POLLARD, JOHN
35 MAIN STREET
CHATTAHOOCHEE FL 32324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
POLLARD, JOHN
35 MAIN ST
CHATTAHOOCHEE FL 32324**

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10. ADDITIONS/CHANGES

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CITY - ST - ZIP

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/23/07 850-663-8867