2067 LIMITED LIABILITY COMPANY ANNUAL REPORT

The above named entity submits the acatement for the purpose of changing its registered agent. or both, nine State of Forcia. I have itemstered Agent SCHANANI, JIMMY SOLVANIANI, JIMMY SOLVANIANIANIANIANIANIANIANIANIANIANIANIANIA	DOCUMENT # L04000040969					FII	ED		
Principal Place of Business Maining Address Maining Maining Address Maining Maining Address Maining Ma	1. Entity Name J.B. CONSTRUCTION, LLC								
Suite, Apt. 46. Suite,						U/ MAY -9	PM 12: 54		
Suite, Apt. 46. Suite,	1 .					SECRETARY	Y OF STATE		
Suite April 1. Suite						MELAHASS	EE, FLORIO,	4	
Suite April 1. Suite				*) 86 % 4 180 86 0 1 10 11 0		18 (3(36) (II IEE)	
Solite, Apt. et al. City A State Country				الم					
City & State Country City & State				<u> </u>	05092007	Chg-LLC	CR2E083 (12/0	06)	
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name Agent			City & State		4. FEI Numi			<u> </u>	
S. Centrecate of Status Desired Fee Required See Name and Address of Current Registered Agent Sizest Address (P.O. Box Number is Not Acceptable) City FL Zip Code Sizest Address (P.O. Box Number is Not Acceptable) City FL Zip Code Sizest Address (P.O. Box Number is Not Acceptable) City FL Zip Code Sizest Address (P.O. Box Number is Not Acceptable) City FL Zip Code Sizest Address (P.O. Box Number is Not Acceptable) City FL Zip Code Sizest Address (P.O. Box Number is Not Acceptable) City FL Zip Code Sizest Address (P.O. Box Number is Not Acceptable) City FL Zip Code Sizest Address (P.O. Box Number is Not Acceptable) City FL Zip Code Sizest Address (P.O. Box Number is Not Acceptable) City FL Zip Code Sizest Address (P.O. Box Number is Not Acceptable) City FL Zip Code Make check payable to Florida Department of State Finds Department of State Finds Department of State Make Sizest Address Sizest Addr	TallAh		Zip	Country	NOT A	PPLICABLE	\$5.00		
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	32308	Leon					Fee Requ		
Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32305 City FL Zip Code City FL Z									
E. The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. Signature									
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									
8. The abover named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Make check payable to Florida Department of State Filling Fee is \$50.00 Make check payable to Florida Department of State Filling Fee is \$50.00 Make check payable to Florida Department of State Make BOHANAN, JIMMY BOHAN	<u> </u>				Zip Code				
SIGNATURE Speaker, form of programs of application of the programs of application of the programs of application of the programs of the programs of the programs of the programs of the program of the programs of the prog	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								
Secretary Secr	1 /\ \frac{1}{2}								
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGRM BOHANAN, JIMMY BOHANAN, JIMMY SIREET ADDRESS OF TALLAHASSEE, FL 32305 TITLE MGRM BOHANAN, JIMMY SIREET ADDRESS OF TALLAHASSEE, FL 32305 TITLE MGRM BLACK, ERIC P TITLE NAME SIREET ADDRESS OF TALLAHASSEE, FL 32307 TITLE NAME CRAWFORDVILLE, FL 32327 TITLE NAME SIREET ADDRESS OF TALLAHASSEE, FL 3232	Signature, uped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
TILE MGRM Delete TITLE Delete TITLE Delete De									
TITLE MARK BOHANAN, JIMMY BOHANAN GREAT ADDRESS CITY-ST-ZIP GREAT ADDR						Florida	Department of S	tate	
NAME SIREET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32305 ITILE MGRM Delete TITLE MGRM BLACK, ERIC P SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P SIREET ADDRESS CITY-ST-2						ADDITIONS/		ne D Addition	
TALLAHASSEE, FL 32305		· ·		NAME	_0	001031	31870		
NAME SIRET ADDRESS CITY-ST-ZIP CRAWFORDVILLE, FL 32327 TITLE		i e			05/2	4/0701012-	006 **50	.00	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Delete				Chanç	ge	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET		· ·		4			,		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES		CRAWFORDVILLE, FL 32327	□ Balais		W.C. 9		Harris		
MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES			LJ Delete	NAME (F	مدسے سابہ کا	مرد ع ن	<i></i>	ge L Addition	
MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES					123 Block	on 61 200	์นา		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT			☐ Delete		ALLO TO LOUY!	<u> </u>	☐ Chanç	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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: NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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:				1					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST, ZIP 11. I hareby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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: Apply Others Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-S			☐ Delete				☐ Chang	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST, ZIP 11. I hareby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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: WAY 9. 2007									
NAME STREET ADDRESS CITY-ST, 2IP 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: WAY 9. 2007			□ Delete				Chanc	e	
CITY-ST-ZIP 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: WAY 9. 2007									
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: MAY 9. 2007	CITY-ST, ZIP			CITY-ST-ZIP					
SIGNATURE: MAY 9. 2007	indicated	on this report is true and accurate and	that my signature shall have t	he same legal effect	as if made under oat	h; that I am a managii	ther certify that the i	nformation ager of the	
	emited lia	unity company or the receiver or trustee	e empowered to execute this r	eport as required by	/ Chapter 608, Florida	Statutes.		_	
	SIGNAT		F SIGNING MANAGING MEMBER, MAN	AGER, OR AUTHORIZED R	REPRESENTATIVE	MAY	9. 200 Daytime Phone	· —	