

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90070 026 ****50.00

DOCUMENT # L04000048591

1. Entity Name
J & T ZEPHYR, L.L.C.



Principal Place of Business
6522 GUNN HIGHWAY
TAMPA, FL 33625

Mailing Address
6522 GUNN HIGHWAY
TAMPA, FL 33625

00044631



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-1320121

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKOKOS, PETER Z
1819 MAIN STREET, SUITE 610
SARASOTA, FL FL342-36

Name Sara K Flint
Street Address (P.O. Box Number is Not Acceptable)
6522 Gunn Hwy
City Tampa FL Zip Code 33625

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

Sara K Flint

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

(NOTE: Registered Agent signature required when reinstating)

4/16/07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SUAREZ, JACK D
STREET ADDRESS 6522 GUNN HIGHWAY
CITY-ST-ZIP TAMPA, FL 33625

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME TODD RICHARD TAYLOR
STREET ADDRESS 1035 GUI SANDO DE AVILA
CITY-ST-ZIP TAMPA, FL 33613

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 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:

Sara K Flint

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

Date

4/16/07

Daytime Phone #