

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

04-19-2005 90027 034 ****50.00

DOCUMENT # L04000072978 1. Entity Name JAN BYARS & ASSOCIATES, LLC																																	
Principal Place of Business 37 NANTUCKET DR. PALM COAST, FL 32137			Mailing Address 37 NANTUCKET DR. PALM COAST, FL 32137																														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																															
City & State		City & State																															
Zip	Country	Zip	Country																														
4. Name and Address of Current Registered Agent LAW OFFICES OF JACKSON & LINK 100 SE 3RD AVE. SUITE 2111 FT. LAUDERDALE, FL 33394			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																														
5. 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.			6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																														
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, 2005			Make check payable to Florida Department of State																														
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>BYARS, JAN</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>37 NANTUCKET DR.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PALM COAST, FL 32137</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	BYARS, JAN	☐	STREET ADDRESS	37 NANTUCKET DR.		CITY - ST - ZIP	PALM COAST, FL 32137		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Change</td> <td style="width: 20%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	NAME		☐	☐	STREET ADDRESS				CITY - ST - ZIP			
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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.																																	
SIGNATURE: <i>Jan Byars</i>			Date: <i>4-14-05</i>																														
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																	

30006268



02012005 Chg-LLC CR2E083 (10/03)

4. FEI Number *11-3730130* Applied For ☒ Not Applicable

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

FL Zip Code