

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000080809 1. Entity Name J & D SERVICES, LLC					
Principal Place of Business 308 PEARL STREET GREEN COVE SPRINGS FL 32043			Mailing Address 308 PEARL STREET GREEN COVE SPRINGS FL 32043		
2. Principal Place of Business <i>Same as Above</i>		3. Mailing Address <i>Same as Above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3787382	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, RALPH E 308 PEARL STREET GREEN COVE SPRINGS FL 32043				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	JONES, RALPH E		NAME	U00000517890	
STREET ADDRESS	308 PEARL STREET		STREET ADDRESS	05/01/06-80067-003 50.00	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DOUYLLIEZ, LEON W		NAME		
STREET ADDRESS	306 PEARL STREET		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DOUYLLIEZ, HELEN M		NAME		
STREET ADDRESS	308 PEARL STREET		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	JONES, M. LEANNE		NAME		
STREET ADDRESS	308 PEARL STREET		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
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 exemptions contained in Section 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: *Ralph E Jones* 04-15-05 (904) 708-755