

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080809

Entity Name: J & D SERVICES, LLC

FILED  
Feb 19, 2008  
Secretary of State

## Current Principal Place of Business:

308 PEARL STREET  
GREEN COVE SPRINGS, FL 32043

## New Principal Place of Business:

306 PEARL STREET  
GREEN COVE SPRINGS, FL 32043

## Current Mailing Address:

308 PEARL STREET  
GREEN COVE SPRINGS, FL 32043

## New Mailing Address:

306 PEARL STREET  
GREEN COVE SPRINGS, FL 32043

FEI Number: 59-3787382

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES, RALPH E  
308 PEARL STREET  
GREEN COVE SPRINGS, FL 32043 US

## Name and Address of New Registered Agent:

DOUYLLIEZ, LEON W  
306 PEARL STREET  
GREEN COVE SPRINGS, FL 32043 US

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.

SIGNATURE: LEON W. DOUYLLIEZ

02/19/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: JONES, RALPH E  
Address: 308 PEARL STREET  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGRM ( ) Delete  
Name: DOUYLLIEZ, LEON W  
Address: 306 PEARL STREET  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGRM ( ) Delete  
Name: DOUYLLIEZ, HELEN M  
Address: 308 PEARL STREET  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGRM ( ) Delete  
Name: JONES, M. LEANNE  
Address: 308 PEARL STREET  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: DOUYLLIEZ, LEON W  
Address: 306 PEARL STREET  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGRM (X) Change ( ) Addition  
Name: DOUYLLIEZ, HELEN M  
Address: 306 PEARL STREET  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGRM (X) Change ( ) Addition  
Name: JONES, RALPH E  
Address: 308 PEARL STREET  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGRM (X) Change ( ) Addition  
Name: JONES, LEANNE M  
Address: 308 PEARL STREET  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LEON W. DOUYLLIEZ

MGR

02/19/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date