

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000082009

1. Entity Name
J AND Z ENTERPRISE, LLC



Principal Place of Business
**9702 GLEN POINTE DRIVE
RIVERVIEW, FL 33569**

Mailing Address
**9702 GLEN POINTE DRIVE
RIVERVIEW, FL 33569**



01052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1735149

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2006**

000000404289
02/06/06-80040-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
ZEIGLER, GEORGE
9702 GLEN POINTE DRIVE
RIVERVIEW, FL 33569**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
ZEIGLER, JACQUELINE
9702 GLEN POINTE DRIVE
RIVERVIEW, FL 33569**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
ZEIGLER, JACQUELINE
9702 GLEN POINTE DRIVE
RIVERVIEW, FL 33569**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
ZEIGLER, GEORGE
9702 GLEN POINTE DRIVE
RIVERVIEW, FL 33569**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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 603, Florida Statutes.

SIGNATURE: *George Zeigler*

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

1-23-06

Date

813-621-1685

Daytime Phone #