

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082282

FILED
Apr 29, 2005
Secretary of State

Entity Name: JD SERVICES, LLC

Current Principal Place of Business:

310 WAYMONT CT
SUITE 104
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

310 WAYMONT CT
SUITE 104
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 20-1929648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PALMER GROUP, INC.
310 WAYMONT CT.
SUITE 104
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGMR () Delete
Name: ENGLEHART, JOHN
Address: 310 WAYMONT CT., SUITE 104
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGMR () Delete
Name: PALMER, CHARLES A
Address: 310 WAYMONT CT., SUITE 104
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM () Delete
Name: PALMER, CHARLES B
Address: 310 WAYMONT CT., SUITE 104
City-St-Zip: LAKE MARY, FL 32746 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES B. PALMER

MGMR

04/29/2005

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