


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90281 046 \*\*\*\*50.00

|  |  |   |   |   |   |
|--|--|---|---|---|---|
| <b>DOCUMENT # L04000085415</b><br>1. Entity Name<br><b>JSS &amp; JSS ENTERPRISE LLC</b>  |  |   |   |                                  |   |
| Principal Place of Business<br><b>1146 SW ARROWHEAD CT.<br/>PALM CITY, FL 34990</b>  |  |   | Mailing Address<br><b>1146 SW ARROWHEAD CT.<br/>PALM CITY, FL 34990</b> |   |   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                     |   |   |   |
| City & State   |  | City & State  |   | 4. FEI Number<br><b>06-1735865</b>  |   |
| Zip  |  | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>SMITH, JEFFERY<br/>1146 SW ARROWHEAD CT.<br/>PALM CITY, FL 34990</b>   |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |
| 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.<br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   | Filing Fee is \$50.00 Due by May 1, 2007  |   |
| 9. MANAGING MEMBERS/MANAGERS   |  |   |   | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>SMITH, JEFFERY<br>1146 SW ARROWHEAD CT.<br>PALM CITY, FL 34990     | <input type="checkbox"/> Delete                                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>SCHARDT-SMITH, JOY<br>1146 SW ARROWHEAD CT.<br>PALM CITY, FL 34990 | <input type="checkbox"/> Delete                                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 608, Florida Statutes. |  |   |   |   |   |
| <b>SIGNATURE:</b> <i>Joy Schardt-Smith</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |   |   | <i>2/28/07</i> <i>772-283-8484</i><br><small>Date Daytime Phone #</small>   |   |