

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L04000091906	
1. Entity Name J N S SERVICES, LLC	

Principal Place of Business 19 D WESTGATE LANE BOYNTON BEACH, FL 33436	Mailing Address 19 D WESTGATE LANE BOYNTON BEACH, FL 33436
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**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-LLC		CR2E083 (12/07)
4. FEI Number 20-2032046	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

KAYE, JUDITH  
 19 D WESTGATE LANE  
 BOYNTON BEACH, FL 33436

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KAYE, JUDITH 19 D WESTGATE LANE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KAYE, TRACY 3 HORIZON ROAD FT. LEE, NJ 07024
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U00000774410  
 01/07/08-80013-018 138.75

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.

**SIGNATURE:** *Judith Kaye* 1/4/08 561-738-5360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #