

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Aug 01, 2006 8:00 am
Secretary of State

08-01-2006 90063 002 ****50.00

DOCUMENT # L04000092337

1. Entity Name
J.K.B., LLC



Principal Place of Business
**11379 NW 11TH COURT
CORAL SPRINGS FL 33071
US**

Mailing Address
**11379 NW 11TH COURT
CORAL SPRINGS FL 33071
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/06)

4. FEI Number **55-0888952**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEYER, STEVEN ESQ
2201 NW CORPORATE BLVD
SUITE 103
BOCA RATON FL 33431**

Name

JODY KATZ

Street Address (P.O. Box Number is Not Acceptable)

11379 NW 11TH COURT

City

CORAL SPRINGS

FL

Zip Code

33071

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

[Signature]

JODY KATZ **X 7/28/06**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
JODY K, INC.
11379 NW 11TH COURT
CORAL SPRINGS FL 33071** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KENBAR INCORPORATED
7000 ISLAND BOULEVARD, #903
AVENTURA FL 33160** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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.

SIGNATURE:

[Signature]

JODY KATZ

X 7/28/06

1954-298-5255

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

Date

Daytime Phone #