

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000000820

1. Entity Name
JOBS BY JAN L.L.C.



Principal Place of Business
1951 NE 39TH ST., #248
LIGHTHOUSE POINT, FL 33064

Mailing Address
1951 NE 39TH ST., #248
LIGHTHOUSE POINT, FL 33064



02142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1918745

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLERMONT, JANICE
1951 NE 39TH ST., #248
LIGHTHOUSE POINT, FL 33064

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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

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
MGR
CLERMONT, JANICE
1951 NE 39TH ST., #248
LIGHTHOUSE POINT, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CLERMONT, RICHARD
1951 NE 39TH ST., #248
LIGHTHOUSE POINT, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000832986
02/27/08-80080-017 138.75

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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 608, Florida Statutes.

SIGNATURE:

Janice Clernmont

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

2-14-2008 954.942.7123

Date

Daytime Phone #