

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90020 003 \*\*\*\*50.00

**DOCUMENT # L05000011479**

1. Entity Name  
JRS TRANSPORT, LLC



Principal Place of Business  
3721 SURFSIDE BLVD  
CAPE CORAL, FL 33914 US

Mailing Address  
3721 SURFSIDE BLVD  
CAPE CORAL, FL 33914 US

**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
05-0616797

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

SCHAICH, JAMES R SR.  
3721 SURFSIDE BLVD  
CAPE CORAL, FL 33914

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SCHAICH, JAMES R SR.  
3721 SURFSIDE BLVD  
CAPE CORAL, FL 33914

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
KELLEY, JUDITH A  
3721 SURFSIDE BLVD  
CAPE CORAL, FL 33914

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

*James R Schach* 1/10/07 (239) 540-2495

Date

Daytime Phone #