

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90038 026 ****50.00

DOCUMENT # L05000017033

1. Entity Name
JRC HOLDINGS, LLC



Principal Place of Business
**3601 SW 144 AVE.
MIRAMAR, FL 33027**

Mailing Address
**3601 SW 144 AVE.
MIRAMAR, FL 33027**



2. Principal Place of Business
**9050 PINES BLVD.
Suite, Apt. #, etc.
SUITE 335**

3. Mailing Address
**9050 PINES BLVD.
Suite, Apt. #, etc.
SUITE 335**

01122006 Chg-LLC CR2E083 (11/05)

City & State
Pembroke Pines, FL
Zip
33024 Country
USA

City & State
Pembroke Pines FL
Zip
33024 Country
USA

4. FEI Number
20-2388399 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARIN, CARLOS E
3601 SW 144 AVE.
MIRAMAR, FL 33027**

7. Name and Address of New Registered Agent

Name
CARLOS E. MARIN
Street Address (P.O. Box Number is Not Acceptable)
**9050 PINES BLVD
SUITE 335**
City
Pembroke Pines FL Zip Code
33024

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

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LORA, RAUL A
3601 SW 144 AVE.
MIRAMAR, FL 33027** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LORA, JOSE A
2050 NW 125 TERRACE
PEMBROKE PINES, FL 33024** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MARIN, CARLOS E
5715 BENT PINE DRIVE, #212
ORLANDO, FL 32822** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

4/13/06

Date

954-443-5330

Daytime Phone #