L05000023728

LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
07 SEP 17 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000023728

1. Entity Name
JB Empire, LLC

BK

DO NOT WRITE IN THIS SPACE

CR2E083B (8/05)

2. Principal Place of Business	3. Mailing Address
1216 S 50 137 terrace	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 33186 Country: USA	Zip Country

4. FEI Number — Applied For / ✓ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Anthony Hernandez JR

Street Address (P.O. Box Number is Not Acceptable): 1216 S 50 137 terrace

City: Miami FL Zip Code: 33186

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 _____ DATE 9/12/07
Signature, typed or printed name of registered agent and date as applicable

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

BK

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	TITLE	
NAME	Anthony Hernandez JR	NAME	500109979858
STREET ADDRESS	1216 S 50 137 terrace	STREET ADDRESS	09/25/07--01014--024 **50.00
CITY-ST-ZIP	Miami FL 33186	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	DO NOT WRITE
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CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 9/12/07 786-390-1405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #