2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jun 10, 2008 8:00 am
Secretary of State
05-09-2008 90063 011 ***138.75

30009116

1st MOORE CR2E083 (10/07)

DOCUMENT # L05000032740

1. Entity Name
4 J S LIMITED LIABILITY COMPANY

Principal Place of Business	Mailing Address
11000 PINE CREEK LANE PORT SAINT LUCIE FL 34986 US	11000 PINE CREEK LANE PORT SAINT LUCIE FL 34986 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10472 Village Center Dr	7964 Saddlebrook Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St Lucie, FL	City & State: Port St Lucie, FL
Zip: 34987 Country: USA	Zip: 34986 Country: USA

4. FEI Number 81-0668126 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MIRET, JEFF S
11000 PINE CREEK LANE
PORT SAINT LUCIE FL 34986

7. Name and Address of New Registered Agent

Name: John H Vernaglia
Street Address (P.O. Box Number is Not Acceptable): 7964 Saddlebrook Drive
City: Port St Lucie FL Zip Code: 34986

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: John H Verg DATE: 4/21/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☒ Delete
NAME	MIRET, JEFF S	
STREET ADDRESS	11000 PINE CREEK LANE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986	
TITLE	MGR	☐ Delete
NAME	VERNAGLIA, JOHN	
STREET ADDRESS	7964 SADDLEBROOK DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John H Vernaglia John H Vernaglia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #