

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000043517

1. Entity Name
JTS ENTERPRIZES, LLC



Principal Place of Business
7601 LAKESIDE DRIVE
MILTON, FL 32583 US

Mailing Address
7601 LAKESIDE DRIVE
MILTON, FL 32583 US



04242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2794459

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PONTO, JACKIE L
7601 LAKESIDE DRIVE
MILTON, FL 32583

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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 re-issuing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME STULTS, SHANE J
STREET ADDRESS 7631 LAKESIDE DRIVE
CITY-ST-ZIP MILTON, FL 32583

TITLE MGRM
NAME STULTS, JANETTE M
STREET ADDRESS 7631 LAKESIDE DRIVE
CITY-ST-ZIP MILTON, FL 32583

TITLE MGRM
NAME PONTO, TROY J
STREET ADDRESS 7601 LAKESIDE DRIVE
CITY-ST-ZIP MILTON, FL 32583

TITLE MGRM
NAME PONTO, JACKIE L
STREET ADDRESS 7601 LAKESIDE DRIVE
CITY-ST-ZIP MILTON, FL 32583

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/15/07-80030-023 150.00

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: Jackie L. Ponto

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

Date

Daytime Phone #

850-377-3256 phone
4-28-07