

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000054265

1. Entity Name
JAC-B-QUICK L.L.C.



Principal Place of Business
360 WEST INDIANTOWN ROAD
JUPITER, FL 33458 US

Mailing Address
360 WEST INDIANTOWN ROAD
JUPITER, FL 33458 US



01092008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2177368	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARLEY, JACK A
360 WEST INDIANTOWN ROAD
JUPITER, FL 33458

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000782050
01/15/08-80058-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARLEY, JACK A 39 WEST HIGH POINT ROAD STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALSTEIN, ARTHUR 303 NORTH CALOOSAHATCHEE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SZEJKO, CONSTANTINE 999 SW 8TH STREET BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 its 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

Date

Daytime Phone #

Constantine Szejk **CONSTANTINE SZEJKO** 1/9/08 575-5237 (561)