2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000055275

J & S RENTAL EQUIPMENT, LLC



FILED Mar 17, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

6425 SUMMERFIELD LOOP NEW PORT RICHEY, FL 34655 US 6425 SUMMERFIELD LOOP

NEW PORT RICHEY, FL 34655 US



DO NOT WRITE IN THIS SPACE

03122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3816759 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

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.	in the second second	<u></u>	·			5 5 5 1 1 C	
	Signature, typed or printed name of registered agent and title if applicable. (N	IOTE: Registered Agent signalur	e required when reinstating)	<u></u>	DATE_ , '	<u> </u>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							
9.	MANAGING MEMBERS/MANAGERS						
TITLE	MGRM						
NAME.	SPRADLIN, JONATHAN T						
STREET ADDRESS CITY-ST-ZEP	6425 SUMMERFIELD LOOP NEW PORT RICHEY, FL 34655		04/03/08-80014-011 138.75				
	14EVY PORT RIGHET, PL 34000			04/1/37/193	867556 		
TITLE NAME				501 00	00014-01	1 138.75	
STREET ADDRESS		1					
CITY-ST-ZIP							
TITLE						ĺ	
NAME		•					
STREET ADDRESS			50				
CITY-ST-Z1P			DO	NOT W	KILE		
TITLE			IAL	THIS SE	DACE		
NAME		,	IIA	THIS SE	ACE		
STREET ADDRESS	·						
CITY-ST-ZIP							
TITLE						ĺ	
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE				• • •	•		

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND

MEMBER, OR AUTHORIZED REPRESENTATIVE