

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

08-24-2006 90001 042 ****50.00

DOCUMENT # L05000065595					
1. Entity Name JEICE LLC					
Principal Place of Business 824 OLD BRIDGE CIRCLE DAVENPORT, FL 33897 US			Mailing Address 824 OLD BRIDGE CIRCLE DAVENPORT, FL 33897 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	08212006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 03-0565092				☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PROENZA, INGRID E 824 OLD BRIDGE CIRCLE DAVENPORT, FL 33897			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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: _____ Signature of individual or principal officer of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PROENZA, INGRID E 824 OLD BRIDGE CIRCLE DAVENPORT, FL 33897	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRACHO, EVANAN R 19310 SW 30 ST MIRAMAR, FL 33029	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRACHO, CLAUDINA 19310 SW 30 ST MIRAMAR, FL 33029	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRACHO, CLAUDINA 19310 SW 30 ST MIRAMAR, FL 33029	☐ Delete			
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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:					
SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 8/21/06 Daytime Phone #					

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