

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Sep 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000116872

1. Entity Name

JAM ENVIRONMENTAL AND VACUUM SERVICES, LLC



Principal Place of Business

**2701 N.E. 53RD COURT
LIGHTHOUSE POINT FL 33064**

Mailing Address

**2701 N.E. 53RD COURT
LIGHTHOUSE POINT FL 33064**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **26-4372843**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAINES, ALAN L
200 EAST LAS OLAS BLVD., SUITE 200
BRINKLEY, MCNERNEY, MORGAN
FORT LAUDERDALE FL 33301**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MCCULLY, BRIAN S**
CITY-ST-ZIP **2701 NE 53RD COURT
LIGHTHOUSE POINT FL 33064**

☐ Change ☐ Addition
U00000773294
09/05/07-80005-016 50.00

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **WEITERS, MICHAEL A**
CITY-ST-ZIP **2701 NE 53RD COUT
LIGHTHOUSE POINT FL 33064**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #