

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118392

Entity Name: J.S.C., LLC

FILED  
Mar 06, 2009  
Secretary of State

## Current Principal Place of Business:

1765 TINSMITH CIRCLE  
LUTZ, FL 33559

## New Principal Place of Business:

12639 GLENNA AVE.  
TAMPA, FL 33635

## Current Mailing Address:

1765 TINSMITH CIRCLE  
LUTZ, FL 33559

## New Mailing Address:

12639 GLENNA AVE.  
TAMPA, FL 33635

FEI Number: 14-1986968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLE, JOSHUA W  
1765 TINSMITH CIRCLE  
LUTZ, FL 33559 US

## Name and Address of New Registered Agent:

COLE, JOSHUA W  
12639 GLENNA AVE  
TAMPA, FL 33635 US

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.

SIGNATURE: JOSHUA COLE

03/06/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: COLE, STACY N  
Address: 1765 TINSMITH  
City-St-Zip: LUTZ, FL 33559

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: COLE, JOSHUA W OWNER  
Address: 12639 GLENNA AVE.  
City-St-Zip: TAMPA, FL 33635

Title: MGRM ( ) Change (X) Addition  
Name: COLE, STACY N OFFICER  
Address: 12639 GLENNA AVE.  
City-St-Zip: TAMPA, FL 33635

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSHUA COLE

MGR

03/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date