

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY**
Annual Report



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY -4 PM 12:22

DOCUMENT # L06000007064

1. Limited Liability Company's Name

JDSZENTLLC

200180074582
05/03/10--01038--008 **138.75

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

1309 Reserve DR

Suite, Apt. #, etc.

APT 2334

City & State

Tall, FL

Zip

32311

Country

US

3. Mailing Office Address

P.O. Box 5864

Suite, Apt. #, etc.

City & State

Tall FL

Zip

32314

Country

US

4. State/Country of Formation

FL / US

5. Date Organized or Qualified
To Do Business in Florida

1/04

6. FEI Number

743157453

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Natalie Davis

Street Address (P.O. Box Number is Not Acceptable)

1309 Reserve DR

Suite, Apt. #, Etc.

2334

City

Tall

State

FL

Zip Code

32311

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 4/30/2010

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>man</u>	<u>Samuel D Stevens JR</u>	<u>1309 Reserve Dr Apt 2334</u>	<u>Tall, FL 32314</u>

11. E-mail Address: JDSZENTLLC@Hotmail.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Samuel D Stevens JR

Date 4/30/2010

Daytime Phone # (880) 228-4813

Typed or printed name of signing Managing Member/Manager

Samuel D. Stevens JR

T. Hampton MAY - 5 2010