

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007326

Entity Name: JBL ENTERPRISES, LLC

FILED
Feb 03, 2009
Secretary of State

Current Principal Place of Business:

265 HARVEY AVE., NE
PALM BAY, FL 32907 US

New Principal Place of Business:

130 ENTERPRISES AVE., SE
PALM BAY, FL 32909 US

Current Mailing Address:

265 HARVEY AVE., NE
PALM BAY, FL 32907 US

New Mailing Address:

130 ENTERPRISES AVE., SE
PALM BAY, FL 32909 US

FEI Number: 20-4773180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIBASCI, JOSEPH V
265 HARVEY AVE., NE
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LIBASCI, BRENT B
Address: 265 HARVEY AVE., NE
City-St-Zip: PALM BAY, FL 32907 US

Title: MGRM () Delete
Name: LIBASCI, JOSEPH V
Address: 265 HARVEY AVE., NE
City-St-Zip: PALM BAY, FL 32907 US

ADDITIONS/CHANGES:

Title: MRS (X) Change () Addition
Name: LIBASCI, BRENT B PRES
Address: 265 HARVEY AVE., NE
City-St-Zip: PALM BAY, FL 32907 US

Title: MR (X) Change () Addition
Name: LIBASCI, JOSEPH V VP OPS
Address: 265 HARVEY AVE., NE
City-St-Zip: PALM BAY, FL 32907 US

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: JOSEPH V LIBASCI

VP

02/03/2009

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