


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000014124</b> 1. Entity Name <b>J &amp; B ESCORT SERVICE LLC</b>	
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Principal Place of Business <b>177 CITRA STREET DELEON SPRINGS, FL 32130</b>	Mailing Address <b>177 CITRA STREET DELEON SPRINGS, FL 32130</b>
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**DO NOT WRITE IN THIS SPACE**



01302008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>06-1768703</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SCHWINK, JUDITH  
177 CITRA STREET  
DELEON SPRINGS, FL 32130**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000831219  
02/27/08-80009-013 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHWINK, JUDITH 177 CITRA STREET DELEON SPRINGS, FL 32130
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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:**  **2-14-08 386-9858399**

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #