


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90114 013 ****50.00

DOCUMENT # L06000018015		
1. Entity Name J & S RETIREMENT ASSETS LLC		

Principal Place of Business 3520 CIRCLEVILLE ROAD PORT MATILDA, PA 16870 US	Mailing Address 3520 CIRCLEVILLE ROAD PORT MATILDA, PA 16870 US
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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

40123000



07022007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4478944	Applied For Not Applicable
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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	
BLOOM, JAMES W 200 OCEAN AVENUE, STE. 203 MELBOURNE BEACH, FL 32951		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CETNAR, PHILIP C 165 MEREDITH LANE BELLEFONTE, PA 16823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **7/6/07** **(814) 357-5741**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #