

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028211

Entity Name: J & L LAWCARE LLC

**FILED**  
**Feb 09, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

14014 HELMS STREET BOX-9  
VERNON, FL 32462 US

**New Principal Place of Business:**

14014 HELMS STREET  
VERNON, FL 32462 US

**Current Mailing Address:**

14014 HELMS STREET BOX-9  
VERNON, FL 32462 US

**New Mailing Address:**

FEI Number: 20-4461386

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HELMS, JANET M  
14014 HELMS STREET BOX-9  
VERNON, FL 32462 US

**Name and Address of New Registered Agent:**

HELMS, JANET M  
14014 HELMS STREET  
VERNON, FL 32462 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: JANET M HELMS

02/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HELMS, JANET M  
Address: 14014 HELMS STREET BOX-9  
City-St-Zip: VERNON, FL 32462

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HELMS, JANET M  
Address: 14014 HELMS STREET  
City-St-Zip: VERNON, FL 32462

Title: MGRM ( ) Change (X) Addition  
Name: HELMS, LANCE A  
Address: 14014 HELMS STREET  
City-St-Zip: VERNON, FL 32462 FL

I hereby certify that the information supplied with this filing does not qualify for the 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: JANET M HELMS

MGR

02/09/2007

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