

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90037 029 ****55.00

DOCUMENT # L06000028475

1. Entity Name

J & P ENTERPRISES, LLC



Principal Place of Business

Mailing Address

747 NW 42ND WAY
DEERFIELD BEACH FL 33442

747 NW 42ND WAY
DEERFIELD BEACH FL 33442

2. Principal Place of Business - No P.O. Box #

22721 Bella Rita Circle

Suite, Apt. #, etc.

3. Mailing Address

22721 Bella Rita Circle

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

20-4512891

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☐ Delete
NAME: JACOBS, LORRAINE
STREET ADDRESS: 747 NW 47TH WAY
CITY- ST- ZIP: DEERFIELD BEACH FL 33442

TITLE: MGRM ☐ Delete
NAME: PARRISH, GERRY
STREET ADDRESS: 747 NW 47TH WAY
CITY- ST- ZIP: DEERFIELD BEACH FL 33442

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

10. ADDITIONS/CHANGES

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 22721 Bella Rita Circle
CITY- ST- ZIP: Boca Raton, FL 33433

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/24/07 954-267-1230