

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042533

Entity Name: J & R SOLUTIONS, LLC

FILED
Jul 29, 2008
Secretary of State

Current Principal Place of Business:

12530 LAKE VIEW LN
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 121308
CLERMONT, FL 34712 US

New Mailing Address:

FEI Number: 20-4762531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VANNEST, JEFFREY
12530 LAKEVIEW LANE
CLERMONT, FL 34711 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: J & R CONSULTING INC,
Address: PO BOX 743
City-St-Zip: ATCO, NJ 08004 US

Title: MGRM () Delete
Name: VANNEST, JEFFREY L
Address: 12530 LAKE VIEW LN
City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete
Name: BOYD, JASON T
Address: 11809 OVERLOOK DR
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM V. JACK

MGRM

07/29/2008

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