2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 19, 2007 8:00 am
Secretary of State
02-01-2007 90050 018 ****50.00

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1. Entity Name
J & B CONTRACTORS, LLC

Principal Place of Business	Mailing Address
1239 S. OTTO POINT INVERNESS, FL 34450	1239 S. OTTO POINT INVERNESS, FL 34450

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		P.O. Box 2772	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Inverness FL	
Zip	Country	Zip: 34451-2772	Country: USA

4. FEI Number: 20-4906272 ☐ Applied For ☐ Not Applicable

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
JABLONSKIS, SIGITAS 1239 S. OTTO POINT INVERNESS, FL 34450	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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JABLONSKIS, SIGITAS 1239 S. OTTO POINT INVERNESS, FL 34450	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] PRESIDENT 1/27/2007 (352)400-1622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #