

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047110

Entity Name: J. T. QUALITY ENTERPRISES, LLC

FILED
Jan 16, 2008
Secretary of State

Current Principal Place of Business:

3737 ST. JOHNS BLUFF ROAD SOUTH
1406
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

3737 ST. JOHNS BLUFF ROAD SOUTH
1406
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 20-4826139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOVAR, JAIRO
3737 ST. JOHNS BLUFF RD. SOUTH
1406
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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: TOVAR, JAIRO
Address: 11110 ATLANTIC BLVD. 1407
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MGRM () Delete
Name: SANCHEZ, HUGO
Address: 11110 ATLANTIC BLVD. 1407
City-St-Zip: JACKSONVILLE, FL 32225 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TOVAR, JAIRO
Address: 3737 ST. JOHNS BLUFF ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGRM (X) Change () Addition
Name: TOVAR, JAIRO S
Address: 3737 ST. JOHNS BLUFF ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32224 US

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: JAIRO TOVAR

MGRM

01/16/2008

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