

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047600

Entity Name: JUKO EQUIPMENT SUPPLIES, LLC

FILED
May 04, 2010
Secretary of State

Current Principal Place of Business:

580 CAPE COD LANE STE 3
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

5817 BEGGS ROAD
SUITE 9
ORLANDO, FL 32810

Current Mailing Address:

580 CAPE COD LANE STE 3
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

5817 BEGGS ROAD
SUITE 9
ORLANDO, FL 32810

FEI Number: 84-1723111 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:

JAGROOP, SHARON
580 CAPE COD LANE STE 3
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

JAGROOP, SHARON
5817 BEGGS ROAD
SUITE 9
ORLANDO, FL 32810 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: SHARON JAGROOP

05/04/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: JAGROOP, PRAKASH
Address: 5817 BEGGS ROAD, STE 9
City-St-Zip: ORLANDO, FL 32810

Title: MGRM
Name: JAGROOP, SHARON
Address: 5817 BEGGS ROAD, STE 9
City-St-Zip: ORLANDO, FL 32810

I hereby 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: SHARON JAGROOP

MGRM

05/04/2010

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