


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90062 024 ***138.75

DOCUMENT # L06000057632	
1. Entity Name J & J CLEANING SERVICES LLC	

Principal Place of Business 710 BEECH STREET FERNANDINA BEACH, FL 32034	Mailing Address 710 BEECH STREET FERNANDINA BEACH, FL 32034
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2. Principal Place of Business - No P.O. Box # 96487 Sweetbriar Lane Suite, Apt. #, etc.	3. Mailing Address 96487 Sweetbriar Lane Suite, Apt. #, etc.
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City & State Yulee FL	City & State Yulee FL
Zip 32097	Country Nassau



03032008 Chg-LLC CR2E083 (12/06)

4. FEI Number 33-1139466	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KING, CARL E 96487 SWEET BRIAR LANE YULEE, FL 32097	
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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 _____	DATE _____
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FILE NOW!!! FEB 15 \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KING, JONATHAN E 344 TARPON AVE APT 2 FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KING, JEREMY A 344 TARPON AVE APT 2 FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Carl E. King</u>	904-583-3259
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>