

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000067103**

1. Entity Name

JGMS GROUP, LLC



Principal Place of Business

14275-C NESTING WAY  
DELRAY BEACH FL 33484  
US

Mailing Address

14275-C NESTING WAY  
DELRAY BEACH FL 33484  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-5152007

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEINER, MARJORIE  
14275-C NESTING WAY  
DELRAY BEACH FL 33484

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete  
NAME STEINER, MARJORIE  
STREET ADDRESS 14275-C NESTING WAY  
CITY-ST-ZIP DELRAY BEACH FL 33484

☐ Change ☐ Addition  
U000000897952  
04/25/08-80069-002 138.75

TITLE MGR ☐ Delete  
NAME STEINER, MICHAEL J  
STREET ADDRESS 11911 GORDON AVENUE  
CITY-ST-ZIP BELTSVILLE MD 20705

☐ Change ☐ Addition

TITLE MGR ☐ Delete  
NAME GURUNIAN, JIRAIR  
STREET ADDRESS 349 COTTONWOOD LANE  
CITY-ST-ZIP BOCA RATON FL 33487

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Marjorie Steiner*

MARJORIE STEINER

4-10-08

561 489 2183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Display Phone #