## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **FILED** Mar 16, 2007 8:00 am Secretary of State 03-16-2007 90154 026 \*\*\*\*50.00

DOCUMENT # L06000073737  1. Entity Name J & Y VENDING AND INVESTMENTS, LLC						03-16-2007	90154 026 ****5	0.00	
Principal Place of Business Mailing Address									
	OVETT CIRCLE		5259 NW S LOVETT CIRCLE						
PORT SAINT	LUCIE, FL 34986	PORT SAINT LUCIE, FL 34986							
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01092007	Chg-LLC	CR2E083 (12/06)		
City & State	9	City & State			4. FEI Numi	per		pplied For	
Zip	Country	Zip	Country		5. Certificat	e of Status Desired	□ \$5.00 Ad		
6 Name and Address of Current I		Pagistared Agent	<u> </u>				Fee Require	ed	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
MCNAIR, JAMIE M SR				Stront Addrson (P.O. Boy Number in Not Acceptable)					
	S LOVETT CIRCLE NT LUCIE, FL 34986		Street Address (P.O. Box Number is Not Acceptable)						
; · · · · · · · · · · · · · · · · · · ·									
				City			FL Zip Coo	ie	
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 familier with, and accept the obligations of registered agent.									
SIGNATURE RUN MONON 2/5/07									
Sprature, 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							e check payable to a Department of Stat	te : ; ; ;	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGR	☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS	MCNAIR, JAMIE M SR 5259 NW S LOVETT CIRCLE		NAMI STRE	ET ADDR <b>e</b> ss					
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986			-ST-ZIP					
TITLE	ASST	☐ Delete	TITLE				Change	☐ Addition	
NAME	MCNAIR, YOLANDA N		NAM						
STREET ADDRESS CITY-ST-ZIP	5259 NW S LOVETT CIRCLE PORT SAINT LUCIE, FL 34986			ET ADDRESS -ST-ZIP					
TITLE			TITLE				☐ Change	Addition	
NAME	La byoto		NAM				<b>3</b>		
STREET ADDRESS CITY-ST-ZIP				ET ADDR <b>é</b> ss					
TITLE		□ Delete	1 -	-ST-ZIP			Change	Addition	
NAME	•	Li Delete	TITLE	i			Li Change	L1 AUDITION	
STREET ADDRESS			STRE	ET ADDR <b>ES</b> S					
CITY-ST-ZIP	···	<u></u>	CITY	-ST-ZIP					
TITLE NAME		☐ Delete	TITLE				Change	Addition	
STREET ADDRESS			NAMI	ET ADDR <b>és</b> s				: .	
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS			NAMI						
STREET ADDRESS CITY-ST-ZIP				ET ADDR <b>ess</b> - ST - ZIP					
	Lertify that the information supplied with	this filing does not quality for			ed in Chapter 119	). Florida Statutes 1 fi	urther certify that the inf	ormation	
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 orthogeneous empowered to execute this report as required by Chapter 608, Florida Statutes.									