

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097158

Entity Name: JLVG SERVICES, LLC

FILED  
Apr 28, 2007  
Secretary of State

## Current Principal Place of Business:

1630 EMERALD LAKE COVE  
210  
CASSELBERRY, FL 32707 US

## Current Mailing Address:

1630 EMERALD LAKE COVE  
210  
CASSELBERRY, FL 32707 US

## New Principal Place of Business:

825 AMBER WAY  
103  
ALTAMONTE SPRINGS, FL 32714 US

## New Mailing Address:

825 AMBER WAY  
103  
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 87-0783592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MENDOZA-CLARETTI, OLGAMAR  
1630 EMERALD LAKE COVE  
210  
CASSELBERRY, FL 32707 US

## Name and Address of New Registered Agent:

MENDOZA-CLARETTI, OLGAMAR  
825 AMBER WAY  
103  
ALTAMONTE SPRINGS, FL 32714 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:

04/28/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MENDOZA-CLARETTI, OLGAMAR  
Address: 1630 EMERALD LAKE COVE # 210  
City-St-Zip: CASSELBERRY, FL 32707 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MENDOZA-CLARETTI, OLGAMAR  
Address: 825 AMBER WAY  
City-St-Zip: ALTAMONTE SPRING, FL 32714 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: MENDOZA-CLARETTI, OLGAMAR

MGR

04/28/2007

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