


FILED  
Mar 20, 2008 8:00 am  
Secretary of State

02-12-2008 90065 030 \*\*\*\*50.00

03-20-2008 90182 027 \*\*\*\*88.75

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L06000099686			
1. Entity Name JR'S SERVICES LLC			
Principal Place of Business 100 SEMINOLE ROAD ATLANTIC BEACH, FL 32233-4141		Mailing Address 100 SEMINOLE ROAD ATLANTIC BEACH, FL 32233-4141	
2. Principal Place of Business - No P.O. Box # <i>F.R. BENNETT JR.</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>100 SEMINOLE RD.</i>		Suite, Apt. #, etc.	
City & State <i>ATL., Bch., FLA.</i>		City & State	
Zip <i>32233</i>	Country <i>DUVAL</i>	Zip	Country
4. FEI Number 16-1778237		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BENNETT, FINIS REUBEN 100 SEMINOLE ROAD ATLANTIC BEACH, FL 32233-4141		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 <i>F. Reuben Bennett Jr.</i> DATE <i>3/19/08</i> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR. BENNETT, RUBEN F JR 100 SEMINOLE ROAD ATLANTIC BEACH, FL 322334141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>None</i> <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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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: <i>F. Reuben Bennett Jr.</i> DATE <i>3/19/08</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			

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