


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

07-20-2007 90039 032 ****50.00

DOCUMENT # L06000109666 1. Entity Name J.S.S., LLC			
Principal Place of Business 2635 YOUNGS ROAD LEESBURG, FL 34748		Mailing Address 2635 YOUNGS ROAD LEESBURG, FL 34748	
2. Principal Place of Business - No P.O. Box # 2600 Youngs Road		3. Mailing Address 2600 Youngs Road	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Leesburg, FL		City & State Leesburg, FL	
Zip 34748	Country Lake	Zip 34748	Country Lake
4. FEI Number 		<input checked="" type="checkbox"/> 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 SMITH, JUGLE E III 2600 YOUNGS ROAD LEESBURG, FL 34748			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME SMITH, JUGLE E III	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2635 YOUNGS ROAD	CITY-ST-ZIP LEESBURG, FL 34748		
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 		
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>Jugle E Smith III</i>		<i>P-16-07 352-326-2743</i>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE JUGLE E Smith, III		Date Daytime Phone #	

30012359

