

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 21, 2008 8:00 am
Secretary of State

07-21-2008 90082 044 ***138.75

DOCUMENT # L07000001208																																																																																																																																			
1. Entity Name JNS FOODS, LLC																																																																																																																																			
Principal Place of Business 6635 W. COMMERCIAL BLVD. TAMARAC, FL 33319			Mailing Address P.O. BOX 290297 TAMPA, FL 33687																																																																																																																																
2. Principal Place of Business - No P.O. Box # 6635 W. Commercial Blvd		3. Mailing Address																																																																																																																																	
Suite, Apt. #, etc. Ste 212		Suite, Apt. #, etc.																																																																																																																																	
City & State Tamarac FL		City & State		4. FEI Number 20-8188208																																																																																																																															
Zip 33319		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent ESQUIVEL, JULIO C 101 E. KENNEDY BLVD., STE. 2800 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name: Behrenfeld, Craig E. Street Address (P.O. Box Number is Not Acceptable): 601 Bayshore Blvd. Ste. 700 City: Tampa FL Zip Code: 33606																																																																																																																																
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: Craig E. Behrenfeld 7/11/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008			In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS / MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS / CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGR</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MEISELES, ELIOT</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 290297</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33687</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES			TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MEISELES, ELIOT		NAME			STREET ADDRESS	P.O. BOX 290297		STREET ADDRESS			CITY-ST-ZIP	TAMPA, FL 33687		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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:				Date: 7-10-08 Daytime Phone #: 954-718-7958																																																																																																																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Eliot Meiseles, Manager																																																																																																																																			

JNS Foods, LLC
P.O. Box 290297
Tampa, FL 33687-0297

ATTACHMENT

BANK OF AMERICA, NA
63-27/631

10457

30010954
L07000001208

07/09/08

PAY TO THE ORDER OF Florida Department of State

\$ **138.75

One Hundred Thirty-Eight and 75/100***** DOLLARS

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

[Signature]

MEMO L07000001208
JNS Foods, LLC

JNS Foods, LLC

10457

Florida Department of State

07/09/08

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
07/09/08	Bill	L07000001208	138.75	138.75		138.75
				Check Amount		138.75

Checking - Bank of Ame

138.75

ATTACHMENT

300 10954

July 16, 2008

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

RE: JNS Foods, LLC
Document #L07000001208

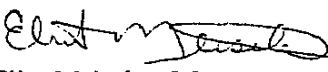
Ladies and Gentlemen:

Enclosed for filing is the 2008 annual report and our check in the amount of \$138.75. Please note that we did not receive notification that the annual report was due; therefore, we request that the late filing fee be waived.

Thank you for your assistance in this matter.

Sincerely,

JNS FOODS, LLC


Eliot Meiseles, Manager

mailed 7/17/08

ATTACHMENT 30010954

BARNETT, BOLT, KIRKWOOD, LONG & McBRIDE

ATTORNEYS AT LAW
SUITE 700
601 BAYSHORE BOULEVARD
TAMPA, FLORIDA 33606-2763

W. EDWARD AFIELD
LESLIE J. BARNETT
CRAIG E. BEHRENFELD
ROBERT S. BOLT
CHARLES A. CARLSON
MICHAEL V. HARGETT
DAVID M. HEMEYER
LESLIE WAGER HUDOCK
PETER T. KIRKWOOD
DAVID L. KOCH
VALERIE STOKER LITSCHGI
THOMAS G. LONG
BILL McBRIDE
MICHAEL D. MILLER
JENNIFER E. MURPHY
RICHARD W. RADKE
SCOTT O. STIGALL
AMY E. STOLL
SARA A. TOLLIVER
HILDEGUND P. WANDERS

TELEPHONE:
(813) 253-2020

TELECOPIER:
(813) 251-6711

August 19, 2008

MAILING ADDRESS:
POST OFFICE BOX 3287
TAMPA, FLORIDA 33601-3287

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

RE: JNS Foods, LLC
Document #L07000001208

Ladies and Gentlemen:

Pursuant to my telephone conversation with your office today, we are resubmitting the enclosed annual report for filing because it was erroneously rejected by your office. I was advised that you have deposited the check to cover the filing fee.

Please call me if you have any questions. Thank you for your assistance in this matter.

Sincerely,

BARNETT, BOLT, KIRKWOOD, LONG
& McBRIDE

Terry Seemann

Terry Seemann, CLA
Corporate Paralegal

/t/s

Enclosures

cc: Craig E. Behrenfeld, Esq.