

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000007526 1. Entity Name J & C REPAIRS LLC	
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FILED
 08 APR 29 PM 3: 02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 124 MIMOSA ST. CRAWFORDVILLE, FL 32327	Mailing Address 124 MIMOSA ST. CRAWFORDVILLE, FL 32327
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2. Principal Place of Business - No P.O. Box # 90 rehwinkel rd Suite, Apt. #, etc.	3. Mailing Address 90 Rehwinkel rd. Suite, Apt. #, etc.
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04292008 Chg-LLC CR2E083 (12/06)

City & State Crawfordville, Fl	City & State Crawfordville, Fl.	4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
Zip 32327	Country	Zip 32327	Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CRUNK, JOSEPH A 124 MIMOSA ST. CRAWFORDVILLE, FL 32327	7. Name and Address of New Registered Agent Name Joseph A Crunk Street Address (P.O. Box Number is Not Acceptable) 90 Rehwinkel Rd. City Crawfordville, FL Zip Code 32327
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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 Joseph A Crunk DATE 4-28-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CRUNK, JOSEPH A 124 MIMOSA ST. CRAWFORDVILLE, FL 32327	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Joseph A Crunk 90 Rehwinkel Rd. Crawfordville, Fl. 32327
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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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

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: Joseph A Crunk DATE 4-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE