

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000007526

1. Entity Name
J & C REPAIRS LLC



Principal Place of Business
124 MIMOSA ST.
CRAWFORDVILLE, FL 32327

Mailing Address
124 MIMOSA ST.
CRAWFORDVILLE, FL 32327

FILED
08 APR 29 PM 3: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
90 rehwinkel rd
Suite, Apt. #, etc.

3. Mailing Address
90 Rehwinkel Rd.
Suite, Apt. #, etc.

City & State
Crawfordville, FL
Zip
32327
Country

City & State
Crawfordville, FL
Zip
32327
Country

4. FEI Number
Applied For
Not Applicable

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CRUNK, JOSEPH A
124 MIMOSA ST.
CRAWFORDVILLE, FL 32327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
Joseph A Crunk
90 Rehwinkel Rd. Crawfordville, FL
32327 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
300126760593
04/29/08--01010--011 **138.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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

Date Daytime Phone #