

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013019

Entity Name: JC SQUARE CONSULTING, LLC

FILED  
Apr 28, 2008  
Secretary of State

**Current Principal Place of Business:**

1015 ADAMS STREET  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

1015 ADAMS STREET  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 20-8392107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RILEY, ROSLIAND  
1700 EMBASSY DRIVE  
UNIT 601  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CLAYTON, JOHN  
Address: 1015 ADAMS STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR ( ) Delete  
Name: CLAYTON, JONATHAN  
Address: 1015 ADAMS STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR ( ) Delete  
Name: CLAYTON, JUSTIN  
Address: 1015 ADAMS STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN CLAYTON

OWNE

04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date