

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

01-30-2008 90095 042 ***138.75

DOCUMENT # L07000022391					
1. Entity Name JRS LLC					
Principal Place of Business 10220 ALLAMANDA BLVD. PALM BEACH GARDENS, FL 33410			Mailing Address 10220 ALLAMANDA BLVD. PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-8564689	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GLOVER, JACK F JR. 10220 ALLAMANDA BLVD. PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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's signature required when reinstating) DATE _____					
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			10. ADDITIONS / CHANGES		
TITLE	MGRM ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	GLOVER, JACK F JR.		NAME		
STREET ADDRESS	10220 ALLAMANDA BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE	MGRM ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	GLOVER, RITA S		NAME		
STREET ADDRESS	10220 ALLAMANDA BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____			01-24-2008 (61)627-8534		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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