

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000046160

Entity Name: A-1 JACOB SERVICE LLC

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3249 S.W RONLEA CT.  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

3249 S.W RONLEA CT.  
PORT SAINT LUCIE, FL 34953

**New Mailing Address:**

FEI Number: 20-0341099

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

JACOB, EZRA  
3249 S.W RONLEA CT.  
PORT SAINT LUCIE FLORIDA, FL 34953 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  
Name: JACOB, EZRA  
Address: 3249 S.W RONLEA CT.  
City-St-Zip: PORT SAINT LUCIE, FL 34953 U.S

I hereby 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: EZRA JACOB

MR.

03/31/2011

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