

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059792

FILED
Jan 15, 2009
Secretary of State

Entity Name: JBSS, LLC

Current Principal Place of Business:

C/O SHEY ASSOCIATES, INC.
6110 NW 1ST PLACE, SUITE A
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

6110 NW 1ST PLACE
SUITE A
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 26-0324349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEY, LAURA
6110 NW 1ST PLACE
SUITE A
GAINESVILLE, FL 32607 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: MGRM () Delete
Name: SHEY, LAURA
Address: 6110 NW 1ST PLACE, SUITE A
City-St-Zip: GAINESVILLE, FL 32607

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: SHEY, LISA R
Address: 6110 NW 1 PLACE SUITE A
City-St-Zip: GAINESVILLE, FL 32607

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: LISA SHEY

MGRM

01/15/2009

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