

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108808

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: JTB RE-MODELING SOLUTIONS, LLC

**Current Principal Place of Business:**

663 ARTHUR MOORE DRIVE  
GREEN COVE SPRINGS, FL 32043 US

**New Principal Place of Business:**

**Current Mailing Address:**

663 ARTHUR MOORE DRIVE  
GREEN COVE SPRINGS, FL 32043 US

**New Mailing Address:**

FEI Number: 61-1547144      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 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: BAUCUM, JEFFERY T  
Address: 663 ARTHUR MOORE DRIVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: MGRM ( ) Delete  
Name: BAUCUM, STEPHANIE A  
Address: 663 ARTHUR MOORE DRIVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

**ADDITIONS/CHANGES:**

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: STEPHANIE A BAUCUM      MGRM      04/09/2009

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