

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001232

FILED
Apr 27, 2009
Secretary of State

Entity Name: JJC PROPERTY SERVICES, LLC

Current Principal Place of Business:

16627 ASHTON GREEN DR
LUTZ, FL 33558 US

New Principal Place of Business:

8305 CANOSA PL
TAMPA, FL 33615 US

Current Mailing Address:

16627 ASHTON GREEN DR
LUTZ, FL 33558 US

New Mailing Address:

8305 CANOSA PL
TAMPA, FL 33615 US

FEI Number: 80-0140156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTE, KIRSIS B
16627 ASHTON GREEN DR
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

COTE, KIRSIS B
8305 CANOSA PL
TAMPA, FL 33615 US

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: KIRSIS COTE

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COTE, KIRSIS B
Address: 16627 ASHTON GREEN DR
City-St-Zip: LUTZ, FL 33558 US

Title: MGR () Delete
Name: COTE, TIMOTHY T
Address: 16627 ASHTON GREEN DR
City-St-Zip: LUTZ, FL 33558 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COTE, KIRSIS B
Address: 8305 CANOSA PL
City-St-Zip: TAMPA, FL 33615 US

Title: MGR (X) Change () Addition
Name: COTE, TIMOTHY T
Address: 8305 CANOSA PL
City-St-Zip: TAMPA, FL 33615 US

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: TIMOTHY COTE

MGR

04/27/2009

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