

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017460

Entity Name: JRS MOBILE SERVICE LLC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

7459 C.R. 702
CENTERHILL, FL 33514 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 668
CENTERHILL, FL 33514 US

New Mailing Address:

FEI Number: 80-0150080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHEITERLE, CONNIE J
7459 C.R. 702
CENTERHILL, FL 33514 US

Name and Address of New Registered Agent:

SCHEITERLE, RICHARD A RA
7459 C.R. 702
CENTERHILL, FL 33514 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: RICHARD A. SCHEITERLE

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHEITERLE, JOHN R
Address: 7459 C.R. 702
City-St-Zip: CENTERHILL, FL 33514 US

Title: MGRM () Delete
Name: PRICE, JAMES R III
Address: 7459 C.R. 702
City-St-Zip: CENTERHILL, FL 33514 US

Title: MGRM (X) Delete
Name: SCHEITERLE, RICHARD A
Address: 7451 C.R. 702
City-St-Zip: CENTERHILL, FL 33514 US

ADDITIONS/CHANGES:

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

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: JOHN R. SCHEITERLE

MGR

04/30/2009

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