

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000037271

Entity Name: J3S LLC

FILED
May 04, 2009
Secretary of State

Current Principal Place of Business:

4190 NW 53RD COURT
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

4190 NW 53RD COURT
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 26-2558909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SANZARE, JEFFREY R
4190 NW 53RD COURT
COCONUT CREEK, FL 33073 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SANZARE, JEFFREY R
Address: 4190 NW 53RD COURT
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGR () Delete
Name: SANZARE, SUZANNE
Address: 4190 NW 53RD COURT
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGR () Delete
Name: SANZARE, DOROTHY W
Address: 1575 NW 65TH TERR
City-St-Zip: MARGATE, FL 33063

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: JEFFREY SANZARE

MGR

05/04/2009

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