

1072

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L08000040003

1. Entity Name
JUMP START SYSTEMS L.L.C.



FILED

10 MAY 28 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05122010 Chg-LLC CR2E083 (11/08)

Principal Place of Business 3512 N FLORIDA AVE. TAMPA, FL 33603		Mailing Address 3512 N FLORIDA AVE. TAMPA, FL 33603	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 33-1213196		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CALHOUN, LARRY J 3512 N FLORIDA AVE. TAMPA, FL 33603		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CALHOUN, TERRY 3412 CORNWALL SQUARE DR RIVERVIEW, FL 33578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CALHOUN, H. JOEL 11619 C.R. 579 THONOTOSASSA, FL 33592 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-24-10

Date

Daytime Phone #

272



FILED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

10 MAY 28 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 14, 2010

JUMP START SYSTEMS L.L.C.
3512 N FLORIDA AVE.
TAMPA, FL 33603

SUBJECT: JUMP START SYSTEMS L.L.C.
Ref. Number: L08000040003

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock

Registration/Qualification Section
Division of Corporations Letter Number: 710A00012246