

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000019179

Entity Name: JO'B ASSURANCE, LLC

FILED
Mar 21, 2011
Secretary of State

Current Principal Place of Business:

688 BONAIRE CIRCLE
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

688 BONAIRE CIRCLE
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

FEI Number: 26-4335390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLEGE, TAX & RETIREMENT STRATEGIES, LLC
3110 SPRING GLEN RD
JACKSONVILLE, FL 32207 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
Name: O'BRIEN, JOHN P
Address: 688 BONAIRE CIRCLE
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGR
Name: O'BRIEN, JOANNE A
Address: 688 BONAIRE CIRCLE
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

I hereby 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 P. O'BRIEN

MGRM

03/21/2011

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