

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000041093

Entity Name: JS-CD GROUP, LLC

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1939 SHERWOOD STREET  
CLEARWATER, FL 33765 US

**New Principal Place of Business:**

**Current Mailing Address:**

1939 SHERWOOD STREET  
CLEARWATER, FL 33765 US

**New Mailing Address:**

FEI Number: 27-2359072

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BATES, DEBRA L  
1939 SHERWOOD STREET  
CLEARWATER, FL 33765 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: BATES, DEBRA L  
Address: 305 MORNINGSIDE DRIVE  
City-St-Zip: PALM HARBOR, FL 34683 US

Title: MGRM  
Name: BATES, CHARLES A JR  
Address: 305 MORNINGSIDE DRIVE  
City-St-Zip: PALM HARBOR, FL 34683 US

Title: MGRM  
Name: BATES, JOHN C  
Address: 1936 ALTON DRIVE  
City-St-Zip: CLEARWATER, FL 33763 US

Title: MGMR  
Name: BATES, ANDRIA S  
Address: 1936 ALTON DRIVE  
City-St-Zip: CLEARWATER, FL 33763 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: DEBRA L BATES

MGM

05/01/2012

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