## 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L10000079828



Size   Country   Zip   Country   S. Cerificate of Status Desired   \$5.00 Additional Fee Required   \$6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Name   Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)   City   FL   Zip Code	1. Entity Name JB FLOORING				11 MAY 19	PM 3: 3	33			
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State Country  Street Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  FEATHERSTONE, RYAN A ESQ. 22 S. LINKS AVENUE  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent.  Signature  FILE NOWITI FEE IS \$138.75  After May 1, 2011 Fee will be \$538.75  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE  MAKE  STREET ADDRESS  CITY-S1-2IP  OS/23/11—01005—003 **138.75  STREET ADDRESS  CITY-S1-2IP  OS/23/11—01005—003 **138.75  Change  ITILE  NAME  OBeles  TITLE  NAME  OBeles  TITLE  NAME  OBeles  TITLE  NAME  OBELES  CITY-S1-2IP  OS/23/11—01005—003 **138.75  Change  Change  Change	2131 AMANADA RO	OAD	2131 AMANADA ROAD				ANDREA MONINAMENTAMENTAMENTAMENTAMENTAMENTAMENTAMEN	12 <b>8 8 1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	II I <b>T</b> IIE IIERI ERII	<b>19</b> 1 114 1 <b>111</b> 4
City & State  Country  Cou	2. Principal Place o	3. Mailing Address	ig Address							
Zip Country Zip Country 5. Certificate of Stelus Desired \$5.00 Additions Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  FEATHERSTONE, RYAN A ESQ. 22 S. LINKS AVENUE Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  8. The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent.  SIGNATURE Title NOWILL FEE IS \$138.75  After May 1, 2011 Fee will be \$538.75  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE NAME STREET ADDRESS 05/23/1101005003 ***138.75  SIREET ADDRESS 05/23/1101005003 ***138.75  TITLE Details ITTLE OBJECT OF THE ADDRESS 017-51-2IP 05/23/1101005003 ***138.75  STREET ADDRESS 017-51-2IP 05/23/1101005003 ***138.75  TITLE OBJECT OF THE O	Suite, Apt. #. etc.		Suite, Apt. #, etc			04292011	Chg-LLC	CR2E08	3 (11/08)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  Fee Required  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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 at the obligations of registered agent.  Signature  FILE NOWILL FEE IS \$138.75  After May 1, 2011 Fee will be \$538.75  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE  NAME  Jean Briand  Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  (NOTE Heightened Agent signature required when templatering)  DATE  Make check payable to Florida Department of State  Florida Department of State  10. ADDITIONS/CHANGES  TITLE  NAME  JEAN Briand  ANA STREET ADDRESS  CITY-SI-ZIP  Delete  MAKE  STREET ADDRESS  CITY-SI-ZIP  Delete  THE  NAME  STREET ADDRESS  CITY-SI-ZIP  O5/23/11 - 01005 - 003 **138.75  Change    Chang	City & State		City & State			4. FEI Numbe	er			Applicable
Name	Zip	Country	Zip Country		ry	5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent.  SIGNATURE  Signature, typed or pretted name of registered agent and file if applicable (NOTE Registered Agent signature required when remataling)  DATE  FILE NOW!!! FEE IS \$138.75  After May 1, 2011 Fee will be \$538.75  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  ITTLE  NAME  STREET ADDRESS  STREET	6.	Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered A	gent	
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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 a the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered dignet and title it applicable  (NOTE Registered Agent signature required when renetating)  DATE  FILE NOW!!! FEE IS \$138.75  After May 1, 2011 Fee will be \$538.75  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE NAME  Delete  TITLE NAME  STREET ADDRESS  CITY-SI-ZIP  Delete  TITLE NAME  STREET ADDRESS  STREET ADDRESS  CITY-SI-ZIP  Delete  TITLE NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-SI-ZIP  Delete  TITLE NAME  STREET ADDRESS  STREET AD	FEATHERSTO!	NE RYAN A ESO			Name					
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 a the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent agent and file it appsoach (NOTE Registered Agent signature required when tenstaling)    DATE	22 S. LINKS AVENUE				Street Address (P.O. Box Number is Not Acceptable)					
The obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and Merit applicable (NOTE Registered Agent signature required when renatating)  PILE NOW!!! FEE IS \$138.75  After May 1, 2011 Fee will be \$538.75  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  TITLE  MARE  NAME  STREET ADDRESS  CITY-SI-7IP  TITLE  NAME  Change					City			FL	Zip Code	· —
FILE NOWIII FEE IS \$138.75 After May 1, 2011 Fee will be \$538.75  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME			r the purpose of changing its	s registere	d office or register	ed agent, or bo	h, in the State of F	lorida. I am fa	miliar with, a	and accept
##138.7  FILE NOWIII FEE IS \$138.75 After May 1, 2011 Fee will be \$538.75  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	SIGNATURE		100	IC Cardena				DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM										н
NAME   STREET ADDRESS   CITY-ST-ZIP   Delete   TITLE   Delete   Delete   TITLE   Delete   Del			RS/MANAGERS	10.			ADDITIONS			
TiflE         Defete         TiflE         Change         Change           NAME         NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Change	NAME STREET ADDRESS	an Briand. 31 Amanada Rd.		NAME STREE	E ET ADDRESS	05/2 5 05/2	00207	)5083 <b>'983</b> 4	**138 495	י סכ
NAME NAME	NAME STREET ADDRESS	,		NAME STREE	E ET ADDRESS	0012	or11 - 010	<b>33 30</b> 3	Change	Addition
CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete ,	NAME STREE	ET ADDRESS				Change	Addition
TITLE         Delete         TITLE         Change         NAME           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delcte	NAME STREE	ET ADDRESS				☐ Change	Addition
TITLE Delete TITLE Change Chan	NAME STREET ADDRESS		☐ Delete	NAME STREE	ET ADDRESS				☐ Change	Addition
TITLE Delete TITLE Change Change  NAME  STREET ADDRESS  CITY-ST-ZIP  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 and the information supplied with the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes.	NAME STREET ADDRESS CITY-ST-2IP			NAME STREE CITY	ET ADDRESS ST - ZIP					Addition