

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L92000000065

1. Entity Name

JCS II LIMITED LIABILITY COMPANY

FILED

00 JAN 24 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

801 UNO LAGO DRIVE
JUNO BEACH FL 33408

801 UNO LAGO DRIVE
JUNO BEACH FL 33408-2680



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0390885

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOLOMON, J.C. II
801 UNO LAGO DRIVE
JUNO BEACH FL 33408

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM SOLOMON, J. C II
STREET ADDRESS 801 UNO LAGO DRIVE
CITY- ST- ZIP JUNO BEACH FL 33408 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
500003118426
-02/01/00--01068--014
*****50.00 *****50.00

TITLE NAME MGRM GRAZIOTTO, RAYMOND E
STREET ADDRESS 801 UNO LAGO DRIVE
CITY- ST- ZIP JUNO BEACH FL 33408 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
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CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 OR MANAGER

1/18/2000

Date

561-625-9443

Daytime Phone #