

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L92000000065

1. Entity Name  
JCS II LIMITED LIABILITY COMPANY



Principal Place of Business

630 MAPLEWOOD DRIVE  
100  
JUPITER, FL 33458

Mailing Address

630 MAPLEWOOD DRIVE  
100  
JUPITER, FL 33458

**FILED**  
**Apr 17, 2007 08:00 AM**  
**Secretary of State**



04142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

65-0390885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SOLOMON, J.C. II  
630 MAPLEWOOD DRIVE  
100  
JUPITER, FL 33458

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000713037  
04/26/07-80074-003 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SOLOMON, J. C II
STREET ADDRESS	630 MAPLEWOOD DRIVE, #100
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	MGRM
NAME	GRAZIOTTO, RAYMOND E
STREET ADDRESS	630 MAPLEWOOD DRIVE, #100
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 William E. Taylor William E. Taylor CFO 4-16-07 561-625-9443

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

Date

Daytime Phone #