

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90291 012 ****50.00

DOCUMENT # L98000000768

1. Entity Name

J.B. KARTSPORT, L.C.



Principal Place of Business

P.O. BOX ~~1180~~
DELRAY BEACH FL 33447

Mailing Address

P.O. BOX ~~1180~~
DELRAY BEACH FL 33447

44017603



MOORE CR2E083 (11/03)

2. Principal Place of Business

123 N. Congress Ave

Suite, Apt. #, etc.

STE 353

City & State

Boynton Beach, FL

Zip

33426

Country

USA

3. Mailing Address

123 N. Congress Ave

Suite, Apt. #, etc.

STE 353

City & State

Boynton Beach, FL

Zip

33426

Country

USA

4. FEI Number

65-0841835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NASS, CORY
1801 CLINT MOORE ROAD, SUITE 100
BOCA RATON FL 33487

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 accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-27-4

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BEKKERS, PETER
STREET ADDRESS P.O. BOX 1370
CITY-ST-ZIP DELRAY BEACH FL 33447 ☒ Delete

TITLE MGR
NAME Bekkers Peter
STREET ADDRESS 123 N. Congress Ave. STE 353
CITY-ST-ZIP Boynton Beach, FL 33426 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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 PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-27-4 561-542-17-13