

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90109 027 ***143.75

DOCUMENT # M02000002048

1. Entity Name
J C TELECOMMUNICATION CO., LLC



Principal Place of Business
3403 NW 82ND AVE.
SUITE 103
DORAL, FL 33122

Mailing Address
3403 NW 82ND AVE.
SUITE 103
DORAL, FL 33122

50003348



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

75-3074143

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OLIVA, JUAN CARLOS
767 E 56TH ST
HIALEAH, FL 33013

7. Name and Address of New Registered Agent

Name JUAN CARLOS OLIVA

Street Address (P.O. Box Number is Not Acceptable)

201 TOTOLOCHEE DRIVE

City Hialeah

FL

Zip Code 33010

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
OLIVA, JUAN CARLOS
767 EAST 56TH STREET
HIALEAH, FL 33013 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT or MGRM
JUAN CARLOS OLIVA
201 TOTOLOCHEE DRIVE Hialeah FL 33010 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

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CITY - ST - ZIP ☐ Change ☐ Addition

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:

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

4/9/08 (305) 447 9060

Date

Daytime Phone #