

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000009741

Entity Name: JBS FLOORING, LLC**Current Principal Place of Business:**1149 NORTH OLD MILL DR
DELTONA, FL 32725**Current Mailing Address:**1149 NORTH OLD MILL DR
DELTONA, FL 32725**FEI Number:** 26-4147287**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SALADA, JACK B JR.
1149 N OLD MILL DRIVE
DELTONA, FL 32725 US*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:** JACK B. SALADA JR.

04/28/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title COO
Name SALADA, JACK BJR.
Address 1149 N OLD MILL DR
City-State-Zip: DELTONA FL 23725

Title AUTHORIZED MEMBER
Name WARREN, CHRISTOPHER C II
Address 1149 NORTH OLD MILL DR
City-State-Zip: DELTONA FL 32725

Title AUTHORIZED MEMBER
Name LUGO, HECTOR
Address 1149 NORTH OLD MILL DR
City-State-Zip: DELTONA FL 32725

Title AUTHORIZED MEMBER
Name WOODCOCK, JEROMIAH
Address 1149 NORTH OLD MILL DR
City-State-Zip: DELTONA FL 32725

Title AUTHORIZED MEMBER
Name BASS, IRVING G
Address 1149 NORTH OLD MILL DR
City-State-Zip: DELTONA FL 32725

Title AUTHORIZED MEMBER
Name TASSONE, DAVID T
Address 1149 NORTH OLD MILL DR
City-State-Zip: DELTONA FL 32725

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JACK B. SALADA JR.

COO

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date