

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000040324

**Entity Name:** JAS INVESTIGATIVE SERVICES LLC

**Current Principal Place of Business:**

3710 EAGLEWOOD STREET  
VALRICO, FL 33596

**Current Mailing Address:**

P.O. BOX 2622  
VALRICO, FL 33595

**FEI Number:** 45-4876351

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPINA, JOHN A  
3710 EAGLEWOOD STREET  
VALRICO, FL 33596 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SPINA, JOHN A  
Address 3710 EAGLEWOOD STREET  
City-State-Zip: VALRICO FL 33596

*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:** JOHN ANTHONY SPINA

**PRESIDENT**

**01/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date