

LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME OF LIMITED LIABILITY COMPANY:	JTB LLC		
SECRETARY OF STATE ID NUMBER: 18	33492 STATI	E OF FORMATION: NC	Filing Office Use Only E - Filed Annual Report
REPORT FOR THE CALENDAR YEAR: 2022		NDING DOC ID	1833492 CA202207003801 3/11/2022 12:00
	#		
SECTION A: <u>REGISTERED AGENT'S INFO</u>			Changes
1. NAME OF REGISTERED AGENT:	McGirt, Rickey		
2. SIGNATURE OF THE NEW REGIST			
3. REGISTERED AGENT OFFICE STR		GNATURE CONSTITUTES CONSENT TO	
	REET ADDRESS & COUNTY		
14373 Hwy 71		14373 Hwy 71	
Shannon, NC 28386 Robeson County		Shannon, NC 28386	
SECTION B: PRINCIPAL OFFICE INFORM	IATION		
1. DESCRIPTION OF NATURE OF BL	JSINESS: home rental	S	
2 DDINICIDAL OFFICE BUONE NUME			II - Duive av Dadaatian
2. PRINCIPAL OFFICE PHONE NUMBER: (770) 367-8904		3. PRINCIPAL OFFICE EMAIL: Privacy Redaction	
4. PRINCIPAL OFFICE STREET ADDRESS		5. PRINCIPAL OFFICE MAILING ADDRESS	
7197 Wildflower Walk		7197 Wildflower Walk	
Winston, GA 30187		Winston, GA 30187	
6. Select one of the following if ap	oplicable. (Optional see	instructions)	
The company is a vetera	n-owned small business		
		L II la 'a	
ine company is a service	e-disabled veteran-owned	i small business	
SECTION C: COMPANY OFFICIALS (Ente	r additional company officials	s in Section E.)	
NAME: william joseph brock	NAME: tamera bro	ock NAME:	
TITLE: Manager	TITLE: Manager	TITLE:	
ADDRESS:	ADDRESS:	ADDRE	ESS:
7197 wildflower walk	7197 wildflower walk		
winston, GA 30187	winston, GA 30187		
SECTION D: CERTIFICATION OF ANNU	JAL REPORT. Section D mu	ust be completed in its entirety by	a person/business entity.
william joseph brock		3/11/2022	
SIGNATURE Form must be signed by a Company Official listed	under Section C of This form.		DATE
william joseph brock		Manager	
Print or Type Name of Company Official		Print or Type Title of Company Official	

This Annual Report has been filed electronically.

Print or Type Title of Company Official