



LIMITED LIABILITY COMPANY ANNUAL REPORT

10/2017

NAME OF LIMITED LIABILITY COMPANY: JTB LLC

SECRETARY OF STATE ID NUMBER: 1833492 STATE OF FORMATION: NC

REPORT FOR THE CALENDAR YEAR: 2021

Filing Office Use Only

**E - Filed Annual
Report
1833492**

☐ Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: McGirt, Rickey

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS & COUNTY 4. REGISTERED AGENT OFFICE MAILING ADDRESS

14373 Hwy 71 14373 Hwy 71

Shannon, NC 28386 Robeson County Shannon, NC 28386

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: home rentals

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 applicable. (Optional see instructions)



The company is a veteran-owned small business



The company is a service-disabled veteran-owned small business

SECTION C: COMPANY OFFICIALS (Enter additional company officials in Section E.)

NAME: william joseph brock NAME: tamera brock NAME: _____

TITLE: Manager TITLE: Manager TITLE: _____

ADDRESS: _____ ADDRESS: _____ ADDRESS: _____

7197 wildflower walk 7197 wildflower walk _____

winston, GA 30187 winston, GA 30187 _____

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

william joseph brock 4/7/2021

SIGNATURE

DATE

Form must be signed by a Company Official listed under Section C of This form.

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.

MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525