

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006067

Entity Name: JALOPY JOE'S, LLC

FILED
May 24, 2009
Secretary of State

Current Principal Place of Business:

3529 NORTH ORANGE BLOSSOM TRAIL
ZELLWOOD, FL 32798

New Principal Place of Business:

Current Mailing Address:

3529 NORTH ORANGE BLOSSOM TRAIL
ZELLWOOD, FL 32798

New Mailing Address:

P O BOX 149243
ORLANDO, FL 32814

FEI Number: 26-1791932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HIXSON, WILLIAM R
1465 BAHIA AVE.
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HIXSON, ANNA
Address: PO BOX 149243
City-St-Zip: ORLANDO, FL 32814

Title: MGRM () Delete
Name: HIXSON, WILLIAM G
Address: PO BOX 149243
City-St-Zip: ORLANDO, FL 32814

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: WILLIAM HIXSON

MM

05/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date