2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

DOCUMENT # L06000039330 1. Entity Name JOHELD, LLC				2007 90351 041 ****50.00		
Principal Place	e of Business	Mailing Address		4009826	11	
Principal Place of Business 1252 VENETIA AVENUE CORAL GABLES, FL 33134		1252 VENETIA AVENUE CORAL GABLES, FL 33134		40000	•	
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	tace of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt.		Suite, Apt. #, etc.		04262007 Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Number	Applied For Not Applica	
Zip	Country	Zip	Country	5. Certificate of Status Desire	\$5.00 Additional	
	6. Name and Address of Current f	Registered Agent		7. Name and Address of Ne	w Registered Agent	_
DAVIS EL	DA M MGR		Name			
DAVIS, ELDA M MGR. 1252 VENETIA AVENUE CORAL GABLES, FL 33134		Street Address ((P.O. Box Number is Not Acceptable)		
			City	-	FL Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	gistered office or regis	tered agent, or both, in the State of	of Florida. I am familiar with, and acce	əpt
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	agistered Agent signature requi	red when ranstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2007						
Fi Di	iling Fee Is \$50.00 ue by May 1, 2007				Make check payable to orlda Department of State	1 3
9.	MANAGING MEMBE		10.	Fic	orida Department of State	2 3 5 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2
9. ITILE	we by May 1, 2007 MANAGING MEMBEI MGR	RS/MANAGERS	TITLE	Fic	orida Department of State	ltion
9.	MANAGING MEMBEI MGR DAVIS, ELDA M		Y	Fic	orida Department of State	ition
9. ITILE NAME	we by May 1, 2007 MANAGING MEMBEI MGR		TITLE NAME	Fic	orida Department of State	ition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBEI MGR DAVIS, ELDA M 1252 VENETIA AVENUE		TITLE NAME STREET ADDRESS	Fic	orida Department of State	
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statútés. I further certify that the information indicated on this report is true and accurate and that my 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #