

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90067 014 ***138.75

DOCUMENT # L04000005823

1. Entity Name
AARONJOE, LLC



Principal Place of Business
**850 NW FEDERAL HIGHWAY
SUITE 121
STUART, FL 34994**

Mailing Address
**PO BOX 1407
STUART, FL 34995**

2. Principal Place of Business - No P.O. Box #
421 SW California Ave.

3. Mailing Address

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.

City & State
Stuart, FL

City & State

Zip
34994

Country
US

Zip

Country

01182008 Chg-LLC CR2E083 (12/06)

4. FEI Number
27-0079164

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JEFFRIES, DAVID M
101 EAST KENNEDY BLVD., SUITE 3000
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name
Jeffries, David M.

Street Address (P.O. Box Number is Not Acceptable)
c/o Fee & Jeffries, P.A.

1227 N. Franklin Street

City
Tampa

FL Zip Code
33602

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR ☐ Delete
NAME
RESNICK, TODD A
STREET ADDRESS
850 NW FEDERAL HIGHWAY, STE 121
CITY-ST-ZIP
STUART, FL 34994

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
MGR ☒ Change ☐ Addition
NAME
Resnick, Todd A.
STREET ADDRESS
421 SW California Ave., Ste 101
CITY-ST-ZIP
Stuart, FL 34994

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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: Todd A. Resnick, Mgr.

01/22/2008 (772) 221-4624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #