

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000042770

**Entity Name:** ST. JOSEPH SOUND INVESTMENTS, LLC

**Current Principal Place of Business:**

1029 BAILLIES BLUFF RD.  
HOLIDAY, FL 34691

**Current Mailing Address:**

1029 BAILLIES BLUFF RD.  
HOLIDAY, FL 34691 US

**FEI Number:** 20-2763725

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CARROLL, MERLE D  
1029 BAILLIES BLUFF RD.  
HOLIDAY, FL 34691 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name CARROLL, MERLE D  
Address 21950 SQUIRREL PRAIRIE ROAD  
City-State-Zip: BROOKSVILLE FL 34610

Title MGRM  
Name KAUFMANN, WILLIAM  
Address 19205 HOBBS COURT  
City-State-Zip: LUTZ FL 33548

Title MGRM  
Name DRAPP, JOHN E  
Address 1727 RYAN DR.  
City-State-Zip: LUTZ FL 33549

Title MGRM  
Name ACKART, ROBERT  
Address 824 NEWBERGER ROAD  
City-State-Zip: LUTZ FL 33549

Title MGRM  
Name CARROLL, VICKI S  
Address 1008 HASTINGS COURT  
City-State-Zip: LUTZ FL 33548

Title GENERAL MANAGER  
Name ECKLER, ERNEST LEE  
Address 4811 HARBOR WOODS DR.  
City-State-Zip: PALM HARBOR FL 34683

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ERNEST LEE ECKLER

**GENERAL MANAGER**

**03/01/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date