

**2013 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  
17608 ESPIRIT DR.  
TAMPA, FL 33647 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 17608 ESPIRIT DR  
City-State-Zip: TAMPA FL 33647

Title MGRM  
Name MASTERS, SHARON  
Address 14833 LAKE MAGDALENE CIRCLE  
City-State-Zip: TAMPA FL 33613

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 1124 S. FLORIDA AVE  
City-State-Zip: TARPON SPRINGS FL 34689

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MERLE D. CARROLL

MGR

01/08/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date