

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000074897

**Entity Name:** POJE LLC

**Current Principal Place of Business:**

3688 BALLESTERO DRIVE NORTH  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

3688 BALLESTERO DRIVE NORTH  
JACKSONVILLE, FL 32257

**FEI Number:** 26-3082090

**Certificate of Status Desired:** No

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

POJE, WILLIAM AMR  
3688 BALLESTERO DRIVE NORTH  
JACKSONVILLE, FL 32257 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 POJE, WILLIAM AMR  
Address 3688 BALLESTERO DRIVE NORTH  
City-State-Zip: JACKSONVILLE FL 32257

*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:** WILLIAM POJE

**OWNER**

**02/26/2013**

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

\_\_\_\_\_  
Date