## 2015 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 A 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: WILLIAM POJE 04/01/2015

Electronic Signature of Registered Agent

Date

FILED Apr 01, 2015

**Secretary of State** 

CC6868118501

Authorized Person(s) Detail:

Title MGRM

Name POJE, WILLIAM A

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

SIGNATURE: WILLIAM ALBERT POJE

**OWNER** 

04/01/2015