

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90045 021 ****50.00

DOCUMENT # L00000010965

1. Entity Name
J.O.T., L.L.C.



Principal Place of Business
1644 SW SAINT JAMES CT.
LAKE CITY, FL 32025

Mailing Address
1644 SW SAINT JAMES CT.
LAKE CITY, FL 32025



04052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3676328

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LESTOCK, JAMES J
1644 SW SAINT JAMES CT.
LAKE CITY, FL 32025

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LESTOCK, JAMES J 1644 SW SAINT JAMES CT. LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BAYNARD, OWEN F PO BOX 1535 CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARRINGTON, THOMAS D PO BOX 1341 CHIEFLAND, FL 32644
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

James J Lestock JAMES J LESTOCK

4-4-06

386-755-1860

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

Date

Daytime Phone #