

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90494 021 \*\*\*\*50.00

**DOCUMENT # L00000012204**

1. Entity Name  
JO JO'S, LC



Principal Place of Business  
11050 SUMMERLANE SQUARE DR  
FORT MYERS BEACH, FL 33931

Mailing Address  
11050 SUMMERLANE SQUARE DR  
FORT MYERS BEACH, FL 33931

**24034330**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
65-1048307

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUFALLI, JOANNE  
11050 SUMMERLIN SQUARE DRIVE  
FORT MYERS BEACH, FL 33931

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete  
NAME MUFALLI, JAMES "SKIP"  
STREET ADDRESS 11050 SUMMERLINE SQUARE DR  
CITY - ST - ZIP FORT MYERS BEACH, FL 33931

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE MGR ☐ Delete  
NAME MUFALLI, JOANNE  
STREET ADDRESS 11050 SUMMERLINE SQUARE DR  
CITY - ST - ZIP FORT MYERS BEACH, FL 33931

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

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

Date

Daytime Phone #

4/1/04 239  
454-8922