

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

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



04062005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1048307

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

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

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04/09/05-80064-015 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/5/05