

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000002895

1. Entity Name
JCV INTERNATIONAL, L.L.C.



Principal Place of Business

470 N. GULF BLVD.
P.O. BOX 3459
PLACIDA, FL 33946

Mailing Address

470 N. GULF BLVD.
P.O. BOX 3459
PLACIDA, FL 33946



03092004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1079167

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VISICH, CHARLES F
470 N. GULF BLVD.
PLACIDA, FL 33946

**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, 2004**

U000000086188

03/12/04-80013-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM VISICH, CHARLES F 470 N. GULF BLVD. PLACIDA, FL 33946
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM VISICH, JUDITH A 470 N. GULF BLVD. PLACIDA, FL 33946
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 exemption stated in Section 119.07(3)(f), 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: *Judith A. Visich* JUDITH A. VISICH

3/10/04

941-698-1237

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

Date

Daytime Phone #