

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000017181

1. Entity Name
JOTO RENTALS, L.L.C.



Principal Place of Business
**22209 FOX GLEN TRACE
PANAMA CITY BEACH, FL 32413 US**

Mailing Address
**22209 FOX GLEN TRACE
PANAMA CITY BEACH, FL 32413**



02202007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-4532767

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**OAKES, JASON P
22209 FOX GLEN TRACE
PANAMA CITY BEACH, FL 32413**

**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, 2007**

-9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-----------------------------|
| TITLE | MGR |
| NAME | OAKES, JASON P |
| STREET ADDRESS | 22209 FOX GLEN TRACE |
| CITY-ST-ZIP | PANAMA CITY BEACH, FL 32413 |
| TITLE | MGR |
| NAME | OAKES, TRACY R |
| STREET ADDRESS | 22209 FOX GLEN TRACE |
| CITY-ST-ZIP | PANAMA CITY BEACH, FL 32413 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U000000644363
03/02/07-80037-017 50.00

**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: _____

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

2/21/07

Date

850-819-4148

Daytime Phone #