## **2008 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

## FILED Feb 15, 2008 8:00 am Secretary of State

DOCUMENT # L0100001/181  1. Entity Name JOTO RENTALS, L.L.C.							02-15-2008 90055 035 ***138.75						
Principal Place 22209 FOX ( PANAMA CITY	GLEN TRACE		Mailing Address 22209 FOX GLEN TRACE PANAMA CITY BEACH, FL 32413										
2. Principal Place of Business - No P.O. Box #			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				020420	08	Chg-L	LC	CR2E08	83 (12/06)	
City & State			City & State		4. FEI Nun 59-45				,		<del></del>	oplied For ot Applicable	
Zip	<u> </u>		Zip	Count	try				te of Status Desired			\$5.00 Additional Fee Required	
	6Name	and Address of Current R	egistered Agent	Name	-7. Name and Address of New Registered Agent								
OAKES, JA 22209 FOX PANAMA (	K GLEN T	RACE CH, FL 32413		Street Address			(P.O. Box Number is Not Acceptable)						
				120	·······	Fron					Zip Cod	le _	
The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.						register			Bed n, in the St		FL ida. I am f	31	tu D
SIGNATURE .		or printed name of registered agent an	dun ( and a second	- 0							- DATE	• •	*1 .
FILE After May	NOW!!!	FEE IS \$138.75 Fee will be \$538.75	(NOTE: Registered Agent signature require			are required	Wile   Gillotain	9/			check pa	ayable to	<b>.</b>
9.		MANAGING MEMBER	S/MANAGERS	10.					ADI	DITIONS/	CHANGES		
TITLE	MGR		Delete	TITLE								Change	☐ Addition
NAME OAKES, JASON P STREET ADDRESS 22209 FOX GLEN TRACE CITY-ST-ZIP PANAMA CITY BEACH, FL 3241			<b>1</b>		ET ADORESS - ST- ZIP		01 Fr.			_	221	407	
TITLE	1744747	OTT BENOTI, TE 3241	☐ Delete	THILE		Ian	ama (	LTY	Deac	h, 24	, J L	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			_ oceae	NAME STREE								_ Grainge	
TITLE NAME - STREET ADDRESS CITY-ST-ZIP			Delete									☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CHTY-ST-ZIP			☐ Delete									☐ Change	☐ Addition
TITLE NAME			☐ Delete	TITLE				·			5 , . =	Change	Addition
STREET ADDRESS CITY-ST-ZIP					et address -st-zip					1.4		er, vi p	
11. I hereby of indicated limited lia	certify that th on this repo bility compa	e information supplied with the ristrue and accurate and to any or the receiver or trustee	this fring does not quality for having signature shall have empowered to execute this	r the exer the same report as	mptions co e legal effe required t	ontained ct as if m by Chapl	in Chapter nade under ter 608, Flo	119, i oath; rida S	lorida Sta that I am statutes.	atutes. I fui a manag	rther certify ing membe	that the info r or manage	ormation er of the