

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90037 032 \*\*\*\*50.00

**DOCUMENT # L02000000289**

1. Entity Name  
JOSLEY INVESTMENTS L.C.



Principal Place of Business  
9737 NW 41 ST PMB 364  
MIAMI, FL 33178 US

Mailing Address  
9737 NW 41 ST PMB 364  
1050  
MIAMI, FL 33178 US

**60040269**



**DO NOT WRITE IN THIS SPACE**

04182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
02-0538920

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MELENDEZ VEGA, LLC  
9010 SW 137TH AVE  
SUITE 225  
MIAMI, FL 33178

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
PARDO, JOSE  
CRA 75TH 49A56  
BOGOTA, CM

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
PARDO, LAIDY A  
9737 NW 41 ST PMB 364  
MIAMI, FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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

Date

Daytime Phone #