

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000013603

1. Entity Name
JOYCE, L.L.C.



Principal Place of Business
28671 WINTHROP CIRCLE
BONITA SPRINGS, FL 34134

Mailing Address
PO BOX 2129
BONITA SPRINGS, FL 34133

FILED
Jan 12, 2007 08:00 AM
Secretary of State



01062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0625288

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWEIKHARDT, WILLIAM
900 SIXTH AVENUE SOUTH
NAPLES, FL 34102

**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 MGRM
NAME STABENAU, JOHN
STREET ADDRESS 28671 WINTHROP CIRCLE
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE MGRM
NAME SCHMIDT, RAYMOND
STREET ADDRESS 28671 WINTHROP CIRCLE
CITY-ST-ZIP BONITA SPRINGS, FL 34134

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1100000584172
01/12/07-80026-013 50.00

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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: *x John W Stabenau* John Stabenau

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

x 1-10-07

Date

239-992-2519

Daytime Phone #