

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT.

FILED
Jan 09, 2008 08:00 AM
Secretary of State

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



01072008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0625288	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

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

John Stabenau

John Stabenau

1/7/08

239-992-2519

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

Date

Daytime Phone #