

LIMITED LIABILITY COMPANY 2004
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90410 027 ****50.00

DOCUMENT # LO2000014602

1. Entity Name

JOSY ENGINEERING SERVICES LLC

DO NOT WRITE IN THIS SPACE

24044132

2. Principal Place of Business

8213 SE DOUBLE TREE DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOBE SOUND FL

City & State

4. FEI Number

03-0451574

Applied For

Not Applicable

Zip

33455

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

SYLVIA HUTCHINSON

Street Address (P.O. Box Number is Not Acceptable)

8213 SE DOUBLE TREE DR

HOBE SOUND

City

FL

Zip Code

33455

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER SYLVIA HUTCHINSON 8213 SE DOUBLE TREE DR HOBE SOUND, FL 33455	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER JOHN J HUTCHINSON 8213 SE DOUBLE TREE DR HOBE SOUND, FL 33455	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 exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-12-04 772-286-9844

Date

Daytime Phone #