

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90356 017 ****50.00

DOCUMENT # L02000017689

1. Entity Name

JUL-LEE, LLC



Principal Place of Business

14305 SOUTH 50TH EAST AVENUE
BIXBY OK 74008

Mailing Address

14305 SOUTH 50TH EAST AVENUE
BIXBY OK 74008

2. Principal Place of Business

2618 East Lombard Street
Suite, Apt. #, etc.

3. Mailing Address

2618 East Lombard Street
Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

Davenport IA

City & State

Davenport IA

4. FEI Number

71-0890712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAN HOUTEN, MICHAEL A
114 SOUTH PALMETTO AVENUE
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BENISCHEK, LEEANN
STREET ADDRESS 14305 SOUTH 50TH EAST AVENUE
CITY-ST-ZIP BIXBY OK 74008

TITLE MGRM ☐ Delete
NAME DURA, JULIE
STREET ADDRESS 1510 WHITE TAIL DRIVE
CITY-ST-ZIP BETTENDORF IA 52722

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13801 Hwy 64
CITY-ST-ZIP Anamosa IA 52205

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2618 East Lombard Street
CITY-ST-ZIP Davenport IA 52803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

LeeAnn Benischek, LeeAnn Benischek, Manager

(319)
4/17/04 298-4079

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

Date

Daytime Phone #