

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017852

Entity Name: THE JOYFUL CORK, LLC.

FILED  
Mar 14, 2007  
Secretary of State

## Current Principal Place of Business:

825 SOUTH PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32084 US

## New Principal Place of Business:

1092E SOUTH PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32084 US

## Current Mailing Address:

825 SOUTH PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32084 US

## New Mailing Address:

1092E SOUTH PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32084 US

FEI Number: 74-3049194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEASE, JOYCE H  
825 SOUTH PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32080 US

## Name and Address of New Registered Agent:

PEASE, JOYCE H  
1092 E SOUTH PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32084 US

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:

03/14/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PEASE, JOYCE H  
Address: 825 SOUTH PONCE DE LEON BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: PEASE, JOYCE H  
Address: 1092 E SOUTH PONCE DE LEON BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOYCE H PEASE

MRGM

03/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date