## **2003 LIMITED LIABILITY COMPANY**

## **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L02000026850

1. Entity Name

## JOYSHINE LLC



FILED Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90031 042 \*\*\*\*50.00

NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP ST						L							
TALLAMASSEE FI. 22009  2. Principal Place of Businoss  Suite. Apt. 4, etc.  Suite. Apt. 4, etc.  City & State  Cit	Principal Place	e of Business		Mailing Address									
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Country   Zip   Country   Zip   Country   B. Certificate of Status Desired   \$5.00 Aestinonal reversity from the purpose of Changing list registered Agent   7. Name and Address of New Registered Agent   7. Name and Address   7. Name and A	Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  30HNSON, SEAN T 216 N. SHANNON LKES TALLAHASSEE FI. 32309  Street Address (P.O. Box Nurrbor is Not Acceptable)  City  FL  Zip Code  8. The above named entity submit 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, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the registered agent, or both in the state of the property shall be accepted to the purpose of the	City & State			City & State							<b></b>	<del></del>	
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.	indicated	on this report is true and	I accurate and that	my signature shall have	the same	e legal effec	ct as if m	ade under oa	ith; that I am	Statutes. I furt a managing	ther certit member	fy that the in or manage	nformation er of the