## 2007 LIMFTED LIABILITY COMPANY ANNUAL REPORT

## Mar 08, 2007 08:00 AM DOCUMENT # L03000008535 **Secretary of State** 1. Entity Name J & J PEEPLES, LLC Principal Place of Business Mailing Address 2000 N. US 27 NW 2000 N. US 27 NW MOORE HAVEN, FL 33471 MOORE HAVEN, FL 33471 01242007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0153770 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEEPLES, JUANELL P DO NOT WRITE 2000 N. US 27 NW MOORE HAVEN, FL 33471 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, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE PEEPLES, JUANELL P NAME STREET ADDRESS 2000 N. US 27 NW CITY-ST-ZIP MOORE HAVEN, FL 33471 U00000660192 03/19/07-80016-002 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

**FILED** 

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: / Ju Aty FII	P	PEE	OF	- /	2/20	107	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING I	JEMBER, OR A	UTHORIZED REPR	RESENTATIVE	Date		Daytime Phone #	