


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000008535**

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**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E083 (10/07)

**6. Name and Address of Current Registered Agent**

**PEEPLES, JUANELL P**  
**2000 N. US 27 NW**  
**MOORE HAVEN FL 33471**

**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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

| TITLE | NAME               | STREET ADDRESS   | CITY - ST - ZIP      | <input type="checkbox"/> Delete |
|-------|--------------------|------------------|----------------------|---------------------------------|
| MGR   | PEEPLES, JUANELL P | 2000 N. US 27 NW | MOORE HAVEN FL 33471 | <input type="checkbox"/>        |
|       |                    |                  |                      | <input type="checkbox"/>        |
|       |                    |                  |                      | <input type="checkbox"/>        |
|       |                    |                  |                      | <input type="checkbox"/>        |
|       |                    |                  |                      | <input type="checkbox"/>        |
|       |                    |                  |                      | <input type="checkbox"/>        |

**10. ADDITIONS / CHANGES**

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 02/11/08-80017-014 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Janet Storey / Janet Storey*      1/28/08      8629461209

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