

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000028754

1. Entity Name
JOSEPH FINANCIAL PUBLICATIONS, LLC



Principal Place of Business

**2450 NORTH CITRUS HILLS BOULEVARD
HERNANDO, FL 34442 US**

Mailing Address

**2450 NORTH CITRUS HILLS BOULEVARD
HERNANDO, FL 34442 US**

DO NOT WRITE IN THIS SPACE



02282005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-1189459

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RHOADES, RON A
2450 NORTH CITRUS HILLS BOULEVARD
HERNANDO, FL 34442**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RHOADES, RON A
2450 NORTH CITRUS HILLS BOULEVARD
HERNANDO, FL 34442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CEPARANO, JOHN J
2450 NORTH CITRUS HILLS BOULEVARD
HERNANDO, FL 34442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TRINGALI, MICHAEL
2450 NORTH CITRUS HILLS BOULEVARD
HERNANDO, FL 34442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000284563
04/02/05-80010-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

3-1-05

Date

Daytime Phone #

**352
746-1006**