


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90124 020 ***138.75

DOCUMENT # L03000029266	
1. Entity Name JOLC HERON BAY, LLC	

Principal Place of Business 17 SQUADRON BLVD. #301 NEW CITY, NY 10956 US	Mailing Address 17 SQUADRON BLVD. #301 NEW CITY, NY 10956 US
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60002957



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

01032008 Chg-LLC CR2E083 (12/06)

4. FEI Number 75-3125738	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ORLAN, PAUL 2793 CENTER COURT DRIVE WESTON, FL 33332		7. Name and Address of New Registered Agent Name <u>Silver Builders Real Estate Corp.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3109 Stirling Road #200</u> City <u>Ft. Lauderdale</u> FL Zip Code <u>33312</u>	
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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 Melissa Ackerman Melissa Ackerman, chairperson 1-11-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent 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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORLAN ENTERPRISES, INC 17 SQUADRON BLVD. #301 NEW CITY, NY 10956 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JEFF ORLAN, PRES. OF 1/13/08 845-708-0849
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ORLAN ENTERPRISES, INC.
MGR