


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90002 027 ****55.00

DOCUMENT # L03000031995	
1. Entity Name OUR HOUSE, LC	

Principal Place of Business 6271-27 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32217	Mailing Address 6271-27 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32217
--	--

4100J724



2. Principal Place of Business 3413 SHAUNA OAKS DR Suite, Apt. #, etc.	3. Mailing Address 3413 SHAUNA OAKS DR Suite, Apt. #, etc.
---	---

04142004 Chg-LLC CR2E083 (10/03)

City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32277	Country
Zip 32277	Country

4. FEI Number
41-2116518

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

JOSE, JIGGS P
3413 SHAUNA OAKS DRIVE
JACKSONVILLE, FL 32277

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 signature required when reinstating) **DATE** _____

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORES, HERMINIA R 7526 FALCON TRACE DR. W JACKSONVILLE, FL 32222 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORES, MANUEL S 7526 FALCON TRACE DR. W JACKSONVILLE, FL 32222 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSE, OLIVIA 3413 SHAUNA OAKS DR. JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSE, JIGGS P 3413 SHAUNA OAKS DR. JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PULIDO, FE-ELIZABETH C 12626 JESTER LANE JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PULIDO, FLORANTE P 12626 JESTER LANE JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Olivia C. Jose OLIVIA C. JOSE 4-22-04 904-737-1339

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