

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000031995

1. Entity Name
OUR HOUSE, LC



Principal Place of Business
3413 SHAUNA OAKS DR
JACKSONVILLE, FL 32277

Mailing Address
3413 SHAUNA OAKS DR
JACKSONVILLE, FL 32277



03242008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**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 reappointing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSE, OLIVIA 3413 SHAUNA OAKS DR. JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSE, JIGGS P 3413 SHAUNA OAKS DR. JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PULIDO, FE-ELIZABETH C 12626 JESTER LANE JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PULIDO, FLORANTE P 12626 JESTER LANE JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORES, HERMINIA R 7526 FALCON TRACE DR WEST JACKSONVILLE, FL 32222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORES, MANUEL S 7926 FALCON TRACE DR WEST JACKSONVILLE, FL 32222

U000000876370
04/11/08-80070-003 143.75

**DO NOT WRITE
IN THIS SPACE**

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:

Olivia C. Jose

3-24-08

904-745-6192

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

Date

Daytime Phone #