

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031995

FILED
Mar 04, 2009
Secretary of State

Entity Name: OUR HOUSE, LC

Current Principal Place of Business:

3413 SHAUNA OAKS DR
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

3413 SHAUNA OAKS DR
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 41-2116518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOSE, OLIVIA
Address: 3413 SHAUNA OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGRM () Delete
Name: JOSE, JIGGS P
Address: 3413 SHAUNA OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGRM () Delete
Name: PULIDO, FE-ELIZABETH C
Address: 12626 JESTER LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM () Delete
Name: PULIDO, FLORANTE P
Address: 12626 JESTER LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM () Delete
Name: FLORES, HERMINIA R
Address: 7526 FALCON TRACE DR WEST
City-St-Zip: JACKSONVILLE, FL 32222

Title: MGRM () Delete
Name: FLORES, MANUEL S
Address: 7926 FALCON TRACE DR WEST
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOSE, OLIVIA C
Address: 3413 SHAUNA OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32217

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 JOSE

MGRM

03/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date