

FILED

May 02, 2008 08:00 AM  
Secretary of State**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L03000040621

1. Entity Name  
POJOPA, LLCPrincipal Place of Business  
328 EAST NEW YORK AVENUE  
DELAND, FL 32724Mailing Address  
328 EAST NEW YORK AVENUE  
DELAND, FL 32724

04302008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
73-1683223Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required**DO NOT WRITE IN THIS SPACE**

## 6. Name and Address of Current Registered Agent

BOCCAROSSA, PIERO  
2570 JETSKE CIR, # B  
ORANGE CITY, FL 32763**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

**FILE NOW!!! FEB IS \$138.75  
After May 1, 2008 Fee will be \$538.75**U000000943911  
05/29/08-80078-024 138.75

## 9. MANAGING MEMBERS/MANAGERS

|                                                  |                                                                           |
|--------------------------------------------------|---------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | MGR<br>BOCCAROSSA, PIERO<br>2570 JETSKE CIR, # B<br>ORANGE CITY, FL 32763 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                           |

**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:

*Piero Boccarossa*

4-30-08

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