

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90092 012 \*\*\*\*\*55.00

**DOCUMENT # L03000040927**

**1. Entity Name**  
**JAVORA SERVICES LLC**



**Principal Place of Business**  
**1600 GOVERNORS DRIVE**  
**STE #1122**  
**PENSACOLA, FL 32514**

**Mailing Address**  
**1600 GOVERNORS DRIVE**  
**STE #1122**  
**PENSACOLA, FL 32514**

44001665



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-LLC CR2E083 (10/03)

City & State

City & State

**4. FEI Number** 20-0249563

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BONGIOVANNI, CHERYL**  
**3291 HWY 98 E**  
**DESTIN, FL 32541**

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**

Signature, typed or printed name of registered agent and title if applicable.

(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**

**10. ADDITIONS/CHANGES**

**TITLE**  
**NAME** MGRM  
**STREET ADDRESS** BONGIOVANNI, CHERYL  
**CITY-ST-ZIP** 3291 HWY 98 E  
DESTIN, FL 32541 ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME** MGRM  
**STREET ADDRESS** BONGIOVANNI, KEVIN  
**CITY-ST-ZIP** 3291 HWY 98 E  
DESTIN, FL 32541 ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

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**CITY-ST-ZIP** ☐ Change ☐ 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** BY: Cheryl Bongiovanni, MEMBER  
JAVORA Services, LLC

850-240-7159  
1/12/04  
Date Daytime Phone #