

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/27

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-02-2004 90117 033 ****50.00

DOCUMENT # L03000047118

1. Entity Name

ODD JOB JOE, L.L.C.



Principal Place of Business

1186 N. EGLIN PARKWAY
SHALIMAR FL 32579

Mailing Address

PO BOX 478
SHALIMAR FL 32579

34009909



MOORE CR2E083 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.:

PO BOX 1133

City & State

City & State

SHALIMAR FL

4. FEI Number

65 1214397

Applied For

Not Applicable

Zip

Country

Zip

32579

Country

OKALUOSA

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

FWLER, WINDLE JOE
1186 N. EGLIN PARKWAY
SHALIMAR FL 32579

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
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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: *Windle Joe Fowler*

7-28-04

850-543-1708

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

Date

Daytime Phone #