


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90142 010 \*\*\*\*50.00

**DOCUMENT # L03000048769**  
 1. Entity Name  
**SHIRLEY JEAN JOSEY LLC**



Principal Place of Business  
**3472 VALLEY CREEK DR.  
 TALLAHASSEE FL 32312**

Mailing Address  
**3472 VALLEY CREEK DR.  
 TALLAHASSEE FL 32312**

**34001811**



MOORE CR2E083 (11/03)

2. Principal Place of Business  
*3472 Valley Creek Dr.*  
 Suite, Apt. #, etc.

3. Mailing Address  
*3472 Valley Creek Dr.*  
 Suite, Apt. #, etc.

City & State  
*Tall. Fla.*

City & State  
*Tall. Fla.*

Zip  
*32312*

Country  
*Leon*

Zip  
*32312*

Country  
*Leon*

4. FEI Number  
*59-3226507*

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**JOSEY, JEAN  
 3472 VALLEY CREEK DR.  
 TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

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 *Shirley Jean Josey* DATE

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	JOSEY, JEAN	3472 VALLEY CREEK DR.	TALLAHASSEE FL 32312	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Shirley Jean Josey* Date *2-25-04* Daytime Phone # *850-933-2883*

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

Attachment

34001811

#L03000048769

X

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

DATE OF THIS NOTICE: 03-09-94  
NUMBER OF THIS NOTICE: CP 575 K  
EMPLOYER IDENTIFICATION NUMBER: 59-3226507  
FORM: SS-4 (TELE-TIN)  
0716821457 0

FOR ASSISTANCE CALL US AT:  
354-1760 LOCAL JACKSONVILLE  
1-800-829-1040 OTHER FL

JEAN JOSEY  
3472 VALLEY CREEK DR  
TALLAHASSEE FL 32312

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Tele-TIN phone call. We assigned you employer identification number (EIN) 59-3226507. This EIN will identify your business account tax returns and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments, and related correspondence. Using any variation in your name or EIN may cause processing delays, incorrect information in your account, or erroneous assignment of more than one EIN.

Assigning an Employer Identification Number does not grant tax-exempt status to non-profit organizations. If your organization wants to establish its exemption and receive a ruling or determination letter recognizing its exempt status, file Form 1023/1024 (Application for Recognition of Exemption) with your IRS District Office. Publication 557 (Tax Exempt Status for Your Organization), available at most IRS offices, has details on how to apply.

If you have not already done so, please complete the enclosed Form SS-4, Application for Employer Identification Number. Write in your new EIN, 59-3226507, in the upper right hand corner of the form. Be sure you sign and date the form properly. Return the form with the bottom part of this notice within 15 days. An envelope is enclosed for your convenience. We need this information for a complete record of your account.

Thank you for your cooperation.

Keep this part for your records.

CP 575 K (Rev. 7-93)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 K

0716821457

YOUR TELEPHONE NUMBER BEST TIME TO CALL  
( ) -

DATE OF THIS NOTICE: 03-09-94  
EMPLOYER IDENTIFICATION NUMBER: 59-3226507  
FORM: SS-4 (TELE-TIN)