

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

**Jan 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000050665



1. Entity Name

BOBBY JOYNER & ASSOCIATES LLC

Principal Place of Business

**100 LEWIS LANE
QUINCY FL 32352**

Mailing Address

**100 LEWIS LANE
QUINCY FL 32352**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

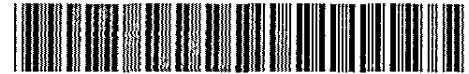
Country

4. FEI Number **59-3642792**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required



1st MOORE

CR2E083 (10/04)

6. Name and Address of Current Registered Agent

**JOYNER, BOBBY
100 LEWIS LANE
QUINCY FL 32352**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-05

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

**U000000200287
01/28/05-80015-023 50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JOYNER, BOBBY	
STREET ADDRESS	100 LEWIS LANE	
CITY- ST- ZIP	QUINCY FL 32352	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JOYNER, ELOISE	
STREET ADDRESS	100 LEWIS LANE	
CITY- ST- ZIP	QUINCY FL 32352	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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

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:

[Signature]

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

1-27-05

Date

850-856-5818

Daytime Phone #