

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056868

Entity Name: JOACLE LLC

FILED
May 29, 2009
Secretary of State

Current Principal Place of Business:

31333 ST. JOE ROAD
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 994
SAN ANTONIO, FL 335760094

New Mailing Address:

FEI Number: 20-0471945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DILLARD, JAN B
14144 6TH ST.
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PETTERS, BERNARD C
Address: 2145 LAUREL LAKE DR
City-St-Zip: SUWANEE, GA 30024

Title: MGRM () Delete
Name: PETTERS, TIMOTHY J
Address: P.O. BOX 122
City-St-Zip: SAN ANTONIO, FL 335760122

Title: MGRM () Delete
Name: DAVIDSON, SUSAN A
Address: P.O. BOX 994
City-St-Zip: SAN ANTONIO, FL 335760094

Title: MGRM () Delete
Name: PETTERS, DEAN P
Address: 161 EAST 199TH ST.
City-St-Zip: EUCLID, OH 44119

Title: MGRM () Delete
Name: PETTERS, SAMUAL B
Address: P.O. BOX 994
City-St-Zip: SAN ANTONIO, FL 335760994

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY J. PETTERS

MGRM

05/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date