

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005038

Entity Name: MYJO'S CONSTRUCTION, LLC

FILED
Apr 08, 2005
Secretary of State

Current Principal Place of Business:

560 LAMSON TERRACE
DELTONA, FL 32738

New Principal Place of Business:

657 BELLTOWER AVE
APT #A
DELTONA, FL 32725

Current Mailing Address:

560 LAMSON TERRACE
DELTONA, FL 32738

New Mailing Address:

657 BELLTOWER AVE
APT #A
DELTONA, FL 32725

FEI Number: 02-0531711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VELAZQUEZ, JOSE R
560 LAMSON TERRACE
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

VELAZQUEZ, JOSE R
657 BELLTOWER AVE
APT #A
DELTONA, FL 32725 US

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: JOSE R VELAZQUEZ

04/08/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: VELAZQUEZ, MYRNA
Address: 560 LAMSON TERRACE
City-St-Zip: DELTONA, FL 32738

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DIAZ, RAFAELA MGR
Address: 657-A BELLTOWER AVE
City-St-Zip: DELTONA, FL 32725

Title: MGRM () Change (X) Addition
Name: VELAZQUEZ, ANGEL MGRM
Address: 657-A BELLTOWER AVE
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSE R VELAZQUEZ

MGR

04/08/2005

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