

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000005859

1. Entity Name  
JOE HILL LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 23 AM 10:08

Principal Place of Business  
218 B WEST KING STREET  
ST AUGUSTINE FL 32084

Mailing Address  
218 B WEST KING STREET  
ST AUGUSTINE FL 32084



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
1740 Lightsey Rd  
City & State  
St Aug Florida  
Zip  
32084

Suite, Apt. #, etc.  
1740 Lightsey Rd  
City & State  
St Aug Florida  
Zip  
32084

2nd MOORE

CR2E083 (4/06)

4. FEI Number 20-0629545

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HILL, JOE  
218 B WEST KING STREET  
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name Joseph D. Hill  
Street Address (P.O. Box Number is Not Acceptable)  
1740 Lightsey Rd  
City St Augustine FL Zip Code 32084

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

9-15-06

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 6, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR  
NAME HILL, JOE  
STREET ADDRESS 218 B WEST KING STREET  
CITY - ST - ZIP ST AUGUSTINE FL 32084 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE MGR  
NAME Hill, Joe  
STREET ADDRESS 1740 Lightsey Rd  
CITY - ST - ZIP St Augustine FL 32084 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition  
400081116644  
10/23/06--01037--022 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition  
400081116644  
10/23/06--01037--023 \*\*5.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition  
REINSTATEMENT 2006

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 typed or printed name of signing managing member, manager, or authorized representative)

DATE

Daytime Phone #

9-15-06

(904) 501-1047