

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007623

Entity Name: JOE'S VINYL, LLC

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

248 DOLPHIN CIRCLE
MIDDLEBURG, FL 32068

New Principal Place of Business:

4276 YVONNE TERRACE
MIDDLEBURG, FL 32068

Current Mailing Address:

248 DOLPHIN CIRCLE
MIDDLEBURG, FL 32068

New Mailing Address:

4276 YVONNE TERRACE
MIDDLEBURG, FL 32068

FEI Number: 03-0533836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STURDIVANT, JOSEPH W
248 DOLPHIN CIRCLE
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

STURDIVANT, JOSEPH W
4276 YVONNE TERRACE
MIDDLEBURG, FL 32068 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:

04/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STURDIVANT, JOSEPH W
Address: 248 DOLPHIN CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGR (X) Delete
Name: BURT, DANIEL L
Address: 8103 OSTEEN STREET
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STURDIVANT, JOSEPH W
Address: 4276 YVONNE TERRACE
City-St-Zip: MIDDLEBURG, FL 32068

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH WESLEY STURDIVANT

MGRM

04/23/2007

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