

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000021543

1. Entity Name
HOJO, LLC



Principal Place of Business

**10859 EMERALD COAST PARKWAY W.
#4-430
DESTIN, FL 32550**

Mailing Address

**10859 EMERALD COAST PARKWAY W.
#4-430
DESTIN, FL 32550**



04212006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0155149

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JAY, STEVEN
36474A EMERALD COAST PARKWAY, SUITE 1201
DESTIN, FL 32541**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JONES, CYNTHIA L
10859 EMERALD COAST PARKWAY #4/430
MIRAMAR BEACH, FL 32550**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JONES, DENNIS A
10859 EMERALD COAST PARKWAY, #4/430
MIRAMAR BEACH, FL 32550**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JONES, CHRISTOPHER R
10859 EMERALD COAST PARKWAY, #4-430
MIRAMAR BEACH, FL 32550**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000546645
05/11/06-80123-024 50.00

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IN THIS SPACE**

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

Date

Daytime Phone #