138.75

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000021543

1. Entity Name
HOJO, LLC

FILED
08 MAY 29 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 10859 EMERALD COAST PARKWAY W.<br>#4-430<br>DESTIN, FL 32550 | 10859 EMERALD COAST PARKWAY W.<br>#4-430<br>DESTIN, FL 32550 |

DO NOT WRITE IN THIS SPACE

06052008 No Chg-LLC CR2E083 (12/07)

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
30474A EMERALD COAST PARKWAY, SUITE 1201
DESTIN, FL 32541

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $138.75** In accordance with s. 607.193(2)(b), F.S., the limited
**Due by September 1st, 2008** liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

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

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06/05/08--01006--025 **288.75

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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: _____ 4/27/08
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #