

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90126 005 ***138.75

DOCUMENT # L04000044734

1. Entity Name
JOAN'S CONDO CARE, LLC



Principal Place of Business
**11285 WINE PALM RD
FORT MYERS, FL 33912**

Mailing Address
**11285 WINE PALM RD
FORT MYERS, FL 33912**

2. Principal Place of Business - No P.O. Box #

7914 Go Canes Way

Suite, Apt. #, etc.

3. Mailing Address

7914 Go Canes Way

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33966

Country

City & State

Fort Myers, FL

Zip

33966

Country

01122008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1243233

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHAFFER, JOAN
11285 WINE PALM RD
FORT MYERS, FL 33912**

**7914 Go Canes Way
33966**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SCHAFFER, JOAN
11285 WINE PALM RD
FORT MYERS, FL 33912**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**7914 Go Canes Way
33966**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ 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: **Joan S Schaffer**

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

1 - 16 - 08

Date

Daytime Phone #