

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054862

Entity Name: JOE TUX, LLC

FILED
Jun 04, 2009
Secretary of State

Current Principal Place of Business:

C/O HENSLEY & COMPANY PA
9420 FOUNTAIN MEDICAL CT., SUITE 101
BONITA SPRINGS, FL 34135

New Principal Place of Business:

C/O YVONNE TOSCANO
6505 HIGHWOOD PARK COURT
NAPLES, FL 34110

Current Mailing Address:

C/O HENSLEY & COMPANY PA
9420 FOUNTAIN MEDICAL CT., SUITE 101
BONITA SPRINGS, FL 34135

New Mailing Address:

C/O YVONNE TOSCANO
6505 HIGHWOOD PARK COURT
NAPLES, FL 34110

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HENSLEY & COMPANY PA
9420 FOUNTAIN MEDICAL CT
SUITE 101
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

YVONNE TOSCANO
6505 HIGHWOOD PARK COURT
NAPLES, FL 34110 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: YVONNE TOSCANO

06/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TOSCANO, YVONNE
Address: 2338 IMMOKALEE RD, STE 307
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TOSCANO, YVONNE
Address: 6065 HIGHWOOD PARK COURT
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify 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: YVONNE TOSCANO

MGR

06/04/2009

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