## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Apr 09, 2007 08:00 AM Secretary of State DOCUMENT # L04000061942 1. Entity Name J.L.BISHOP & COMPANY, L.L.C. Principal Place of Business Mailing Address 8130 SE 45TH STREET NEWBERRY FL 32661 8130 SE 45TH STREET NEWBERRY FL 32661 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 56-2477295 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BISHOP, JAMES L Street Address (P.O. Box Number is Not Acceptable) 8130 SE 45TH STREET NEWBERRY FL 32661 City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES ШЦ MGR Delete TITLE ☐ Change Addition NAME BISHOP, JAMES L. NAME U00000697302 04/18/07-80035-010 50.00 STREET ADDRESS STREET ADDRESS 8130 SE 45TH STREET CHY-SI-7/P CITY - ST - ZIP NEWBERRY FL 32669 THE ☐ Delete TITLE ☐ Change Addition NAMI STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP MILE ☐ Change ☐ Defete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Delete TITLE M Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CHY-S1-7/P TITLE Delete TITLE Change Addillon NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 11. I horoby cortify that the information supplied with this filing foes not qualify for the exemptions contained in Section 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 eath; that I am a managing member or manager of the limited liability company/or the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

**FILED**