


2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000063741	
1. Entity Name JOLOVI, LLC	

Principal Place of Business 11210 NW 61 STREET MIAMI, FL 33178	Mailing Address 11210 NW 61 STREET MIAMI, FL 33178
--	--

DO NOT WRITE IN THIS SPACE



05012008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1560634	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent LOPEZ, PETER M 2450 SW 137TH AVENUE STE. 234 MIAMI, FL 33175

**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 _____
-----------------	---	--	------------

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM LOBATO, JORGE 11210 NW 61 STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM LOBATO, MARIA VICTORIA 11210 NW 61 STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

U000000946210
05/30/08-80039-010 138.75

**DO NOT WRITE
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: <i>Jorge Lobato</i>	<i>4-30-08</i>	<i>305-716-4905</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #