


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90035 041 ****50.00

DOCUMENT # L04000090671 1. Entity Name JANICE HOLDINGS, LLC					
Principal Place of Business 822 NICHOLAS PARKWAY W CAPE CORAL, FL 33991			Mailing Address 822 NICHOLAS PARKWAY W CAPE CORAL, FL 33991		
2. Principal Place of Business - No P.O. Box # 2611 NW 9th Terr		3. Mailing Address 2611 NW 9th Terr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Cape Coral, FL.		City & State Cape Coral, FL		4. FEI Number 20-2020856	
Zip 33993		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MURPHY, JANICE A 822 NICHOLAS PARKWAY W CAPE CORAL, FL 33991		7. Name and Address of New Registered Agent Name Janice A. Murphy Street Address (P.O. Box Number is Not Acceptable) 2611 NW 9th Terr City Cape Coral FL Zip Code 33993			
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 Janice Murphy Janice Murphy President 4/5/07 <small>Signature (Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MURPHY, JANICE A 822 NICHOLAS PARKWAY W CAPE CORAL, FL 33991	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Janice A. Murphy 2611 NW 9th Terr Cape Coral, FL 33993	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAMSEL, RUSSELL P 822 NICHOLAS PARKWAY W CAPE CORAL, FL 33991	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Russell A. Samsel 2611 NW 9th Terr Cape Coral, FL 33993	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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: Janice Murphy <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/5/07 239-297-6855 <small>Date Daytime Phone #</small>		