


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000011601  
 1. Entity Name  
 JO'S ART L.L.C.



Principal Place of Business 16319 COUNTY ROAD 132 LIVE OAK, FL 32060 US	Mailing Address 16319 COUNTY ROAD 132 LIVE OAK, FL 32060 US
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**DO NOT WRITE IN THIS SPACE**



01122008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2274972	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 COSTA, JOSEPHINE  
 16319 COUNTY ROAD 132  
 APT B  
 LIVE OAK, FL 32060

**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 \_\_\_\_\_ (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	MGR COSTA, JOSEPHINE 16319 COUNTY ROAD 132 APT B LIVE OAK, FL 32060
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 05/21/08-80112-009 143.75

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:  03-19-2008 (386) 214-6080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #