

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000021469

1. Entity Name
SKIPPER JOE'S, L.L.C.



Principal Place of Business
7301 SW 57 COURT
STE. 545
SOUTH MIAMI, FL 33143

Mailing Address
7301 SW 57 COURT
STE. 545
SOUTH MIAMI, FL 33143



02252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3977430

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULLER, CHARLES E II
7385 GALLOWAY ROAD, SUITE 200
MIAMI, FL 33173

**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 MGRM
NAME LEINOFF, ANDREW
STREET ADDRESS 7301 SW 57 COURT, STE. 545
CITY-ST-ZIP SOUTH MIAMI, FL 33143

TITLE MGRM
NAME LEINOFF, ELLEN
STREET ADDRESS 7301 SW 57 COURT, STE. 545
CITY-ST-ZIP SOUTH MIAMI, FL 33143

TITLE MGRM
NAME LEMOS, NATALIE
STREET ADDRESS 7301 SW 57 COURT, STE. 545
CITY-ST-ZIP SOUTH MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000931858
05/22/08-80031-021 138.75

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/22/2008

ANDREW M. LEINOFF, PRESIDENT