2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000024746

1. Entity Name
POJ TERRITORIES, L.C.

Principal Place of Business	Mailing Address
17833 MURDOCK CIR	17833 MURDOCK CIR
PORT CHARLOTTE, FL 33948	PORT CHARLOTTE, FL 33948

DO NOT WRITE IN THIS SPACE

01122008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
65-1246349	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

SELLEY, CLAY O
17833 MURDOCK CIR
PORT CHARLOTTE, FL 33948

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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	SELLEY, CLAY O
STREET ADDRESS	17833 MURDOCK CIR
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

U00000366118
04/08/08-80015-022 138.75

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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: _____   3/13/08   941-624-5999

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