

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037577

FILED
Apr 14, 2009
Secretary of State

Entity Name: JOD-ECT CO, LLC

Current Principal Place of Business:

5930 REYNOSA DRIVE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

5930 REYNOSA DRIVE
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 20-3593407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIRST, GEORGE
5930 REYNOSA DRIVE
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HIRST, GEORGE
Address: 5930 REYNOSA DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM () Delete
Name: HIRST, LINDA
Address: 5930 REYNOSA DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM () Delete
Name: HIRST, DANIEL
Address: 914 SURREY RD
City-St-Zip: WALLINGTON, PA 19086

Title: MGRM () Delete
Name: HIRST, CATHERINE
Address: 914 SURREY ROAD
City-St-Zip: WALLINGTON, PA 19086

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LINDA HIRST

MGRM

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date