2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000053031

1. Entity Name
GOJO PROPERTIES, LLC

Principal Place of Business
5103 KARLSBURG PLACE
PALM HARBOR, FL 34685

Mailing Address
5103 KARLSBURG PLACE
PALM HARBOR, FL 34685

01282008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2864709
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDSTEIN, MICHAEL
5103 KARLSBURG PLACE
PALM HARBOR, FL 34685

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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

U000000337423
03/04/08-80057-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GOLDSTEIN, MICHAEL
STREET ADDRESS	5103 KARLSBURG PLACE
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	MGRM
NAME	JOHNCOLA, MICHELLE B
STREET ADDRESS	2968 WENTWORTH WAY
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _____ X 2/18/08 X 727-781-9072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #