

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070514

Entity Name: JOSHUA R EBERLING LLC

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

5901 ALLEN PLACE  
JACKSONVILLE, FL 32211 US

**New Principal Place of Business:**

**Current Mailing Address:**

5901 ALLEN PLACE  
JACKSONVILLE, FL 32211 US

**New Mailing Address:**

FEI Number:  FEI Number Applied For ( )  FEI Number Not Applicable (X)  Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EBERLING, JOSHUA R  
5901 ALLEN PLACE  
JACKSONVILLE, FL 32211 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: MGR  Delete  
Name: EBERLING, JOSHUA R  
Address: 5901 ALLEN PLACE  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: MGRM  Delete  
Name: EBERLING, CRISTINA E  
Address: 5901 ALLEN PLACE  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title:  Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGR  Change  Addition  
Name: GONZALEZ, JOSHUA B  
Address: 12510 CANE CREEK COURT  
City-St-Zip: JACKSONVILLE, FL 32225

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: JOSHUA EBERLING

MGRM

04/27/2009

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