

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90124 007 ***138.75

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01162008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000077076 1. Entity Name JOYCE L. HERB LIMITED LIABILITY COMPANY			
Principal Place of Business 6003 ORANGE BLOSSOM TRAIL HOBE SOUND, FL 33455		Mailing Address 6003 ORANGE BLOSSOM TRAIL HOBE SOUND, FL 33455	
2. Principal Place of Business - No P.O. Box # JOYCE L HERB Suite, Apt. #, etc. 105 SPEC LANE City & State CRESCENT CITY, FL Zip 32112		3. Mailing Address JOYCE L. HERB Suite, Apt. #, etc. PO BOX 891 City & State CRESCENT CITY, FL Zip 32112	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HERB, JOYCE L 6003 ORANGE BLOSSOM TRAIL HOBE SOUND, FL 33455		7. Name and Address of New Registered Agent Name JOYCE L HERB Street Address (P.O. Box Number is Not Acceptable) 105 SPEC LANE CRESCENT CITY, FL 32112 City FL Zip Code	
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 <u><i>Joyce L. Herb</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. MGRM ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERB, JOYCE L 6003 ORANGE BLOSSOM TRAIL HOBE SOUND, FL 33455	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOYCE L. HERB 105 SPEC LANE CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Joyce L. Herb</i></u>		DATE: <u>1/15/08</u>	