


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90119 031 ***538.75

DOCUMENT # L05000079134	
1. Entity Name C. JOYNER AND ASSOCIATES L.L.C.	

Principal Place of Business 2906 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444	Mailing Address 1814 S. HWY. 77 #115-400 LYNN HAVEN, FL 32444
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address 2310 S. Hwy 77 Suite 110 PMB 400 LYNN HAVEN FL 32444 FL
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05082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4153256

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

6. Name and Address of Current Registered Agent JOYNER, CAMILLE H 2906 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Camille H Joyner DATE 5-8-08

Signature, typed or printed name of registered agent or both if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOYNER, DONALD R 2906 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOYNER, CAMILLE H 2906 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: Camille H Joyner DATE 5-8-08

SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE