

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083564

Entity Name: JACOB & JOSEPH, LLC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

1735 MOCKINGBIRD LANE  
LAKELAND, FL 33801 US

## New Principal Place of Business:

629 EAST BUSINESS HIGHWAY98  
PANAMA CITY, FL 32401

## Current Mailing Address:

1735 MOCKINGBIRD LANE  
LAKELAND, FL 33801 US

## New Mailing Address:

629 EAST BUSINESS HIGHWAY98  
PANAMA CITY, FL 32401

FEI Number: 65-1260506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOSEPH, JOE MR.  
1735 MOCKINGBIRD LANE  
LAKELAND, FL 33801 US

## Name and Address of New Registered Agent:

JACOB, EACHARANGAD  
629BUSINESS HIGHWAY98  
PANAMA CITY, FL 32401 US

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: EACHARANGAD JACOB

04/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete  
Name: JOSEPH, JOE  
Address: 1735 MOCKINGBIRD LANE  
City-St-Zip: LAKELAND, FL 33801 US

Title: MGRM ( ) Delete  
Name: JACOB, EACHARANGAD  
Address: 704 BUNKERS COVE  
City-St-Zip: PANAMA CITY, FL 32401 US

Title: MGRM (X) Delete  
Name: JOSEPH, SAJI  
Address: 1735 MOCKINGBIRD LANE  
City-St-Zip: LAKELAND, FL 33801 US

Title: MGRM ( ) Delete  
Name: COLLINS, JANE  
Address: 704 BUNKERS COVE  
City-St-Zip: PANAMA CITY, FL 32401 US

## 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: EACHARANGAD JACOB

MGM

04/30/2009

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