

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000085258

1. Entity Name  
JOY PLAZA, LLC



FILED

07 SEP 17 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
8383 OMAHA CIRCLE  
SPRING HILL, FL

Mailing Address  
22303 SKYVIEW CIRCLE  
BROOKSVILLE, FL 34602

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08272007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-3374901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENSON, JUAH T  
3217 MARINER BLVD.  
SPRING HILL, FL 34609

*22303 Skyview Cir  
Brooksville, FL 34602*

Name

Street Address (P.O. Box Number is Not Acceptable)

22303 SKYVIEW CIRCLE

City

BROOKSVILLE

FL

Zip Code

34602

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]*

(NOTE: Registered Agent signature required when reinstating)

*X 8/30/07*

DATE

Filing Fee is \$50.00  
Due by September 14, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME BENSON, JUAH T  
STREET ADDRESS *22303 Skyview Cir*  
CITY-ST-ZIP *Brooksville, FL 34602*

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 22303 SKYVIEW CIRCLE  
CITY-ST-ZIP BROOKSVILLE, FL 34602

TITLE MBR ☐ Delete  
NAME BENSON, MUNAH C  
STREET ADDRESS 155 CALEBS PATH  
CITY-ST-ZIP BRENTWOOD, NY 11717

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600109755406  
09/21/07-01044-009 \*\*50.00

TITLE MBR ☐ Delete  
NAME BENSON, MCFRED C  
STREET ADDRESS 14064 BRUNAI DRIVE  
CITY-ST-ZIP SPRING HILL, FL 34609

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 605, Florida Statutes.

SIGNATURE: *[Signature]*

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

*X 8/30/07*

*352-684-8677*

Daytime Phone #