

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 02, 2006 8:00 am
Secretary of State

04-24-2006 90068 018 ****50.00

DOCUMENT # L05000105706					
1. Entity Name JOE-N-FRANK LLC					
Principal Place of Business 6211 65TH PLACE EAST PALMETTO FL 34221 US			Mailing Address 6211 65TH PLACE EAST PALMETTO FL 34221 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 16-1738899	
Zip		Country		Applied For ☐ Not Applicable	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TRINKAUS, JOSEPH 6211 65TH PLACE EAST PALMETTO FL FL			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES TRINKAUS, PEGGY L 6211 65TH PLACE EAST PALMETTO FL 34221	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TRINKAUS, JOSEPH 6211 65TH PLACE EAST PALMETTO FL 34221	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>[Signature]</i>			4/6/06 941-721-6448		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		