

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90076 033 ****50.00

DOCUMENT # L06000025470

1. Entity Name
OJL, LLC.



Principal Place of Business
6460 JUSTICE AVENUE
MILTON, FL 32570 US

Mailing Address
6460 JUSTICE AVENUE
MILTON, FL 32570 US

00061310



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

03012007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-4525442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOCKLIN & JONES, P.A.
6460 JUSTICE AVENUE
MILTON, FL 32570

7. Name and Address of New Registered Agent

Name Locklin, Jones & Saba, P.A.
Street Address (P.O. Box Number is Not Acceptable)

6460 Justice Avenue

City Milton

FL

Zip Code 32570

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] Associate Attorney

3/1/07
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME LOCKLIN, OSCAR J
STREET ADDRESS 6460 JUSTICE AVENUE
CITY-ST-ZIP MILTON, FL 32570

TITLE MGRM ☐ Delete
NAME LOCKLIN, OSCAR J JR.
STREET ADDRESS 6460 JUSTICE AVENUE
CITY-ST-ZIP MILTON, FL 32570

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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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 608, Florida Statutes.

SIGNATURE: [Signature] Oscar Locklin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/1/07
Date

850-955-1102
Daytime Phone #