2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State
04-01-2008 90065 014 ***138.75

DOCUMENT # L06000039870

1. Entity Name
JOMOCA, LLC

Principal Place of Business	Mailing Address
450 S PARK RD APT 202 HOLLYWOOD, FL 33021	CPS 7247 PO BOX 149020 CORAL GABLES, FL 33114-9020

03252008 Chg-LLC CR2E083 (12/06)

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

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOWRY-MARTINEZ, MONIKA
450 S PARK RD APT 202
HOLLYWOOD, FL 33021
8617 Buckskin Manor
Davie, FL 33328

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LOWRY-MARTINEZ, MONIKA CPS 7247 PO BOX 149020 CORAL GABLES, FL 331149020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8617 Buckskin Manor Davie, FL 33328
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MARTINEZ PINEDA, CLAUDIA CPS 7247 PO BOX 149020 CORAL GABLES, FL 331149020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8617 Buckskin Manor Davie, FL 33328
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MARTINEZ PINEDA, JOSE RAMON CPS 7247 PO BOX 149020 CORAL GABLES, FL 331149020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8617 Buckskin Manor Davie, FL 33328
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PINEDA DE MARTINEZ, CLAUDIA CPS 7247 PO BOX 149020 CORAL GABLES, FL 331149020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8617 Buckskin Manor Davie, FL 33328
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HERNANDEZ, MAGDALENA CPS 7247 PO BOX 149020 CORAL GABLES, FL 331149020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8617 Buckskin Manor Davie, FL 33328
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 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: (X) _____ 3/26/08 786-302-3490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

954-423-4345

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