

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039870

Entity Name: JOMOCA, LLC

FILED  
Mar 30, 2009  
Secretary of State

## Current Principal Place of Business:

450 S PARK RD APT 202  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

8617 BUCKSKIN MANOR  
DAVIE, FL 33328

## Current Mailing Address:

CPS 7247 PO BOX 149020  
CORAL GABLES, FL 331149020

## New Mailing Address:

8617 BUCKSKIN MANOR  
DAVIE, FL 33328

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOWRY-MARTINEZ, MONIKA  
8617 BUCKSKIN MANOR  
DAVIE, FL 33328 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LOWRY-MARTINEZ, MONIKA  
Address: 8617 BUCKSKIN MANOR  
City-St-Zip: DAVIE, FL 33328

Title: MGRM ( ) Delete  
Name: MARTINEZ PINEDA, CLAUDIA  
Address: 8617 BUCKSKIN MANOR  
City-St-Zip: DAVIE, FL 33328

Title: MGRM ( ) Delete  
Name: MARTINEZ PINEDA, JOSE RAMON  
Address: 8617 BUCKSKIN MANOR  
City-St-Zip: DAVIE, FL 33328

Title: MGRM ( ) Delete  
Name: PINEDA DE MARTINEZ, CLAUDIA  
Address: 8617 BUCKSKIN MANOR  
City-St-Zip: DAVIE, FL 33328

## 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: CLAUDIA PINEDA DE MARTINEZ

MGRM

03/30/2009

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