

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90134 020 \*\*\*138.75

DOCUMENT # L06000060142

1. Entity Name  
JAMES O'DAY COMPANY, LLC



Principal Place of Business  
1970 MICHIGAN AVENUE BLDG E  
COCOA, FL 32922

Mailing Address  
1970 MICHIGAN AVENUE BLDG E  
COCOA, FL 32922

60010307



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

1037 Pathfinder Way

Suite, Apt. #, etc.  
Suite #150

City & State  
Rockledge, FL

Zip  
32955

Country  
Brevard

3. Mailing Address

Same as principal place

Suite, Apt. #, etc.  
" " "

City & State  
" " "

Zip  
" " "

Country  
Brevard

01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-5189469

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MINICLIER, JOSEPH E  
1970 MICHIGAN AVENUE BLDG E  
COCOA, FL 32922

7. Name and Address of New Registered Agent

Name  
Joseph E. Miniclier  
Street Address (P.O. Box Number is Not Acceptable)  
1037 Pathfinder Way  
Suite #150  
City  
Rockledge FL Zip Code  
32955

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MINICLIER, JOSEPH E  
1970 MICHIGAN AVENUE BLDG E  
COCOA, FL 32922 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MCCOIG, RALPH  
3230 MURRELL RD  
ROCKLEDGE, FL 32955 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1037 Pathfinder Way - Suite #150  
Rockledge, FL 32955 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1037 Pathfinder Way - Suite #140  
Rockledge, FL 32955 ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
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☒ 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:

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

2/21/08

Date

321/639-0505

Daytime Phone #