

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000079229

1. Entity Name
JUAN MARTINEZ LLC



Principal Place of Business
C/O RON BENFIELD
58 SIOUX CIRCLE
HAVANA, FL 32333

Mailing Address
P.O. BOX 2132
QUINCY, FL 32253

BK

50.W
FILED
07 APR 24 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04232007 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

20-5356997

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENFIELD, RON
58 SIOUX CIRCLE
HAVANA, FL 32333

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MARTINEZ, JUAN ☐ Delete
STREET ADDRESS P.O. BOX 2132
CITY-ST-ZIP QUINCY, FL 32353

TITLE MGRM
NAME ORTEGA, DANIEL ☐ Delete
STREET ADDRESS P.O. BOX 2132
CITY-ST-ZIP QUINCY, FL 32353

TITLE MGRM
NAME ALAS, DANIEL D ☐ Delete
STREET ADDRESS P.O. BOX 2132
CITY-ST-ZIP QUINCY, FL 32353

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 800101821398
STREET ADDRESS 05/08/07--01023--014 **200.00
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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: Juan Martinez

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

4/23/07

Date

Daytime Phone #