2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1.06000080899

FILED Feb 26, 2007 8:00 am Secretary of State

1. Entity Name LO-JO, LLC						02-07-200′	7 90110	006 ***	500.00
Principal Place of Business		Mailing Address							
7745 S.W. 1 OCALA, FL 3		PO BOX 77112 OCALA, FL 34477			l contrador are des		n	ar lành shan r	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01252007	Chg-LLC	CR2E0	83 (12/06)	
City & State		City & State			4. FEI Number) ·¬) /	Applied Fo Not Applie		
Zip	Country	Zip	Country		5. Certificate of	Status Desired		55.00 Ad	ditional
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R			~
ACCARDI, LOIS				Name					
7745 S.W. OÇALA, F	17TH PLACE L 34474		Stree	et Address (P	P.O. Box Number i	s Not Acceptable) 		
			City	- 				Zip Cod	<u> </u>
8. The above	named entity submits this statement for	r the ournose of changing its o	1		or amont or both	in the State of Ele	FL.	1 '	
the obligat	tions of registered agent.	a to purpose or changing no	egistered onic	o or rogistere	agent, or bonn,	III (IIIE SABIE OI FIC	≠киа. талпи	arimian witti	апо ассерт
SIGNATURE	Signature, typod or printed name of registered against	and title if applicable. (NOTE:	Registered Agent s	greture required i	efen rærebinng)	<u></u>	DATE		
Filing Fee is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State			•	
9.	MANAGING MEMBE		10.			ADDITIONS/	CHANGES		
TITLE NAME	MGR ACCARDI, LOIS	☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	7745 S.W. 17TH PLACE OCALA, FL 34474		STREET ADDRE	ss					
INTE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	ļ		NAME STREET ADORE	ss					
CITY-ST-ZP			CITY-ST-ZIP					·,	
TITLE		Delete	TITLE -	.				Change.	. Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	25					
TITLE		☐ Deide	me					Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRE	zs e					
CITY-51-ZP			CITY-ST-ZIP	_					
TITLE NAME	1	☐ Defete	IUTE	1				☐ Change	Addition
			NAME						
STREET ADDRESS City-St-Zip			NAME STREET ADORES CHY-ST-ZIP	ss					ļ
CITY-ST-ZEP TITLE		☐ Octate	STREET ADDRES	22				Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	STREET ADDRES CHY-ST-ZIP IFFLE NAME STREET ADDRES				ı	Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby of	certify that the information supplied will	h this filing does not qualify for t	STREET ADORE CHY-ST-ZIP TITLE MAME STREET ADORE CITY-ST-ZIP The exemptions	ss contained in	Chapter 119. Flo	rida Statutes. I hu	ther cartify t	hat the into	rmation
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby c indicated	certify that the information supplied with on this report is true and accurate and ibility company or the receiver or truster	n this filing does not qualify for the that my signature shall have the	STREET ADORE CHY-ST-ZIP ITILE NAME STREET ADORE CHY-ST-ZIP the exemptions same legal a	s contained in	ede under oath: th	atiam a manaci	ther cartify t	hat the into	rmation
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby c indicated	on this report is true and accurate and ability company or the receiver or trusted	n this filing does not qualify for t that my signature shall have th e empowered to execute this re	STREET ADORE CHY-ST-ZP ITTLE HAMME STREET ADORE CHY-ST-ZP the exemptions he same legal of aport as require	s contained in affect as if ma and by Chapte	ede under oath: th	atiem a menagi utes.	rther certify ting member	hat the info or manage	rmation r of the