

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000098767

1. Entity Name  
JUBO, LLC



Principal Place of Business  
1950 FIRST STREET, NORTHEAST  
WINTER HAVEN, FL 33881

Mailing Address  
1950 FIRST STREET, NORTHEAST  
WINTER HAVEN, FL 33881



01042008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-5720044

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LANG, ROBERT A  
4931 WILLOW BROOKS CIRCLE, SOUTHEAST  
WINTER HAVEN, FL 33884

**DO NOT WRITE  
IN THIS SPACE**

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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME WILLIAM A. LANG REVOCABLE TRUST  
STREET ADDRESS 1950 FIRST STREET, NORTHEAST  
CITY-STATE-ZIP WINTER HAVEN, FL 33881

TITLE MGRM  
NAME LANE FISCHER, JUDITH ANN  
STREET ADDRESS 671 EAST LAKE SUE AVENUE  
CITY-STATE-ZIP WINTER PARK, FL 32789

TITLE MGRM  
NAME LANG, ROBERT A  
STREET ADDRESS 4931 WILLOWBROOK CIRCLE SOUTHEAST  
CITY-STATE-ZIP WINTER HAVEN, FL 33884

TITLE MGRM  
NAME HENDERSON, RICHARD  
STREET ADDRESS 203 PARADISE ISLAND DRIVE  
CITY-STATE-ZIP HAINES CITY, FL 33844

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

000000779030  
01/11/08-80024-016 138.75

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ROBERT A. LANG 1/8/08

863 2938073