

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105537

**FILED**  
**Apr 06, 2009**  
**Secretary of State**

**Entity Name:** JOSA RENTALS, LLC

**Current Principal Place of Business:**

7190 SW 11TH STREET  
PEMBROKE PINES, FL 33023 US

**New Principal Place of Business:**

2421 NW 96TH TERRACE, UNIT 20-H  
PEMBROKE PINES, FL 33024 US

**Current Mailing Address:**

7190 SW 11TH STREET  
PEMBROKE PINES, FL 33023 US

**New Mailing Address:**

633 SOUTH ANDREWS AVENUE  
SUITE 101  
FORT LAUDERDALE, FL 33301 US

FEI Number: 20-5826190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ESTRADA, CESAR A  
7190 SW 11TH STREET  
PEMBROKE PINES, FL 33023 US

**Name and Address of New Registered Agent:**

LAURISTON, CYNTHIA  
633 SOUTH ANDREWS AVENUE  
SUITE 101  
FORT LAUDERDALE, FL 33301 US

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: CYNTHIA LAURISTON

04/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ESTRADA, CESAR A  
Address: 7190 SW 11TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33023 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ESTRADA, CESAR A  
Address: 633 SOUTH ANDREWS AVENUE, SUITE 101  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

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: CESAR A. ESTRADA

MGR

04/06/2009

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