

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118329

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** C J LOVELY, LLC

**Current Principal Place of Business:**

8991 SW 209TH CIRCLE  
DUNNELLON, FL 34431 US

**New Principal Place of Business:**

**Current Mailing Address:**

11150 N. WILLIAMS STREET  
SUITE #8  
DUNNELLON, FL 34432 US

**New Mailing Address:**

**FEI Number:** 16-1779559      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LOVELY, CHERYL J  
8991 SW 209TH CIRCLE  
DUNNELLON, FL 34431 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LOVELY, CHERYL J  
Address: 8991 SW 209TH CIRCLE  
City-St-Zip: DUNNELLON, FL 34431

Title: MGRM ( ) Delete  
Name: PARKER, MICHAEL A  
Address: 8991 SW 209TH CIRCLE  
City-St-Zip: DUNNELLON, FL 34431

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHERYL J LOVELY

MGR

04/30/2008

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