


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90015 022 ***138.75

DOCUMENT # L07000004174	
1. Entity Name JOEL METTS GENERAL CONTRACTOR, L.L.C.	

Principal Place of Business 1607 LINDBERG AVENUE LAKE PLACID FL 33852	Mailing Address 1607 LINDBERG AVENUE LAKE PLACID FL 33852
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2. Principal Place of Business - No P.O. Box # <i>1607 Lindberg Av</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Lake Placid, FL</i>	City & State <i>Same</i>
Zip <i>33852</i>	Country <i>Highlands</i>



1st MOORE CR2E083 (10/07)

4. FEI Number <i>300395869</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent LOBOZZO, JAMES V JR. 230 SOUTH COMMERCE AVENUE SEBRING FL 33870	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM METTS, JOEL E 1607 LINDBERG AVENUE LAKE PLACID FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Joel E. Metts* 4-10-08 2394505792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #