

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012223

Entity Name: JOY LLC

FILED
Jun 15, 2009
Secretary of State

Current Principal Place of Business:

5164 MINTON ROAD NW
PALM BAY, FL 329071101 US

New Principal Place of Business:

2975 EBER ROAD
WEST MELBOURNE, FL 32904 US

Current Mailing Address:

5164 MINTON ROAD NW
PALM BAY, FL 329071101 US

New Mailing Address:

2975 EBER ROAD
WEST MELBOURNE, FL 32904 US

FEI Number: 20-0868830 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BRUNN, FRANK
407 EAST NEW HAVEN AVENUE
MELBOURNE, FL 329014507 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: JOYNER, HEATHER
Address: 5164 MINTON ROAD NW
City-St-Zip: PALM BAY, FL 329071101 US

Title: MGR (X) Delete
Name: JOYNER, CHRISTIAN
Address: 5164 MINTON ROAD NW
City-St-Zip: PALM BAY, FL 329071101 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOYNER, HEATHER
Address: 2975 EBER ROAD
City-St-Zip: WEST MELBOURNE, FL 32904 US

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: FRANK BRUNN

RA

06/15/2009

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