

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019137

FILED
Apr 30, 2009
Secretary of State

Entity Name: VJC, LLC

Current Principal Place of Business:

2860 B HWY 71 N
MARIANNA, FL 32447

New Principal Place of Business:

2491 COMMERCIAL PARK DR
MARIANNA, FL 32448

Current Mailing Address:

P.O. BOX 148
MARIANNA, FL 32447

New Mailing Address:

FEI Number: 26-2433975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEEL, CHUCK
2860 B HWY 71 N
MARIANNA, FL 32447 US

Name and Address of New Registered Agent:

NEEL, CHUCK
2491 COMMERCIAL PARK DR
MARIANNA, FL 32448 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: CHUCK NEEL

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ISABELLA, VINCENT A
Address: 3306 TWIN PONDS RD
City-St-Zip: MARIANNA, FL 32448

Title: MGR () Delete
Name: NEEL, CHUCK A
Address: 2860 B HWY 71 N
City-St-Zip: MARIANNA, FL 32447

Title: MGRM () Delete
Name: SPENCE, JOHN
Address: 2855 MAGNOLIA BLOSSOM LN
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES:

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

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: CHUCK NEEL

MGR

04/30/2009

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