

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021089

FILED
Mar 27, 2009
Secretary of State

Entity Name: JOLIE, LLC

Current Principal Place of Business:

15225 BRIAR RIDGE CIRCLE
FORT MYERS, FL 339122304 US

New Principal Place of Business:

Current Mailing Address:

1314 CAPE CORAL PARKWAY
SUITE 207
CAPE CORAL, FL 339049643 US

New Mailing Address:

FEI Number: 20-8505989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, RONALD L
1314 CAPE CORAL PARKWAY
SUITE 207
CAPE CORAL, FL 339049643 US

Name and Address of New Registered Agent:

RONALD L. GRAHAM & COMPANY, P. A.
1314 CAPE CORAL PARKWAY
SUITE 207
CAPE CORAL, FL 339049643 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: RONALD L. GRAHAM

03/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PIRRONE, GIUSEPPE
Address: 15225 BRIAR RIDGE CIRCLE
City-St-Zip: FORT MYERS, FL 339122304 US

Title: MGRM () Delete
Name: PIRRONE, ROSALIA
Address: 15225 BRIAR RIDGE CIRCLE
City-St-Zip: FORT MYERS, FL 339122304

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: GIUSEPPE PIRRONE

MGR

03/27/2009

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