2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2009
Secretary of State

DOCUMENT# L07000058277

Entity Name: JOBE LLC

Current Principal Place of Business:

11965 SW 217 STREET
MIAMI, FL 33170

New Principal Place of Business:

Current Mailing Address:

11965 SW 217 STREET
MIAMI, FL 33170

New Mailing Address:

FEI Number: 26-0279199 **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:

COFFIE, ERIC E
1351 NE 191 ST
417
MIAMI, FL 33179 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: MGRM ( ) Delete
Name: COFFIE, ERIC E
Address: 1351 NE 191 ST #417
City-St-Zip: MIAMI, FL 33179

Title: MGRM ( ) Delete
Name: COFFIE, WILLIE J
Address: 11965 SW 217 ST
City-St-Zip: MIAMI, FL 33170

Title: MGRM ( ) Delete
Name: COFFIE, EARL M SR
Address: 11965 SW 217 ST
City-St-Zip: MIAMI, FL 33170

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: ERIC COFFIE MGRM 05/11/2009

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