

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000059501

1. Entity Name
JUAN ZEPEDA L.L.C.



FILED
08 APR 21 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1170 SPONER ROAD
QUINCY, FL 32351

Mailing Address
2887 VADA ROAD
BAINBRIDGE, GA 39819

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

130 Tulip Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212008 Chg-LLC CR2E083 (12/06)

City & State

City & State
Americus, GA

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

31719

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZEPEDA, JUAN
1170 SPONER ROAD
QUINCY, FL 32351

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 MGRM ☒ Delete
NAME ZEPEDA, JUAN
STREET ADDRESS 2887 VADA ROAD
CITY-ST-ZIP BAINBRIDGE, GA 39819

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600124885516
CITY-ST-ZIP 04/22/08--01001--007 **138.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Juan Zepeda

4/21/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #