

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90248 043 \*\*\*143.75

**DOCUMENT # L07000078261**

1. Entity Name  
**DOLLARJOE, LLC.**



Principal Place of Business  
**3078 GOVERNOR'S COURT DRIVE  
TALLAHASSEE, FL 32301 US**

Mailing Address  
**POB 3260  
TALLAHASSEE, FL 32315 US**

**60012908**



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

**710 Bivins Ave**

3. Mailing Address

Suite, Apt. #, etc.

02252008 Chg-LLC CR2E083 (12/06)

City & State

**Tallahassee, FL**

City & State

4. FEI Number

**26-0619307**

Applied For

Not Applicable

Zip

**32303**

Country

**US**

Zip

Country

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST  
SUITE 500  
ORLANDO, FL 32804**

7. Name and Address of New Registered Agent

Name

**Joseph A. Cash**

Street Address (P.O. Box Number is Not Acceptable)

**710 Bivins Ave**

City

**Tallahassee**

FL

Zip Code

**32303**

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

**Joseph A. Cash**

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

**JAC**

(NOTE: Registered Agent signature required when reinstating)

**25 Feb 08**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CASH, JOSEPH  
3078 GOVERNOR'S COURT DRIVE  
TALLAHASSEE, FL 32301** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CASH, Joseph A.  
710 Bivins Ave  
Tallahassee, FL 32303** ☒ Change ☐ Addition

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

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

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

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

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

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:**

**JAC**

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

**25 Feb 08**

Date

**850-210-7328**

Daytime Phone #