

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90270 011 ***138.75

DOCUMENT # L07000090100

1. Entity Name
JOE-SAN, LLC



Principal Place of Business
**C/O 7000 W. PALMETTO PARK ROAD
SUITE 205
BOCA RATON, FL 33433 US**

Mailing Address
**C/O 7000 W. PALMETTO PARK ROAD
SUITE 205
BOCA RATON, FL 33433 US**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

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

**BLOSHINSKY, GREGORY S
7000 W. PALMETTO PARK ROAD
SUITE 205
BOCA RATON, FL 33433**

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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Additio
**TRUSTEE
JOEL GLASSMAN
2431 NW 59TH ST APT 402
BOCA RATON, FLORIDA 33496**

TITLE
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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:

Joel Glassman

ATTACHMENT

66014540
#L07000090100

ANNUAL MEETING INFORMATION

PARTNERSHIP:

(Name of Entity)

Financial Institution Where Account(s) Held: _____

Balance in Account(s) as of January 31, 2008: _____

Transfers of Ownership (if any) During Year: _____

Advisors: CPA: _____

Investment/Financial: _____

Other: _____

Business Transactions During Year (Purchase/sale of assets, additional contributions, etc.): _____

Other Business: _____

LLC:

JOE-SAN LLC

(Name of Entity)

Manager 1: GREGORY BLOSHINSKY Manager 2: JOEL GLASSMAN

Financial Institution Where Account(s) Held: C/07000 W. PALMETTO PARK ROAD

Balance in Account(s) as of January 31, 2008: _____

Advisors: Same as above? yes ☒ no ☐

If no, list advisors: _____

SUITE 205
BOCA RATON, FLORIDA
33433

Transfers of Ownership (if any) During Year: _____

Business Transactions During Year (Purchase/sale of assets, etc.): _____

Other Business: _____

CORPORATION:

(Name of Entity)

Officers:

Board of Directors:

President: _____

Director 1: _____

Vice Pres.: _____

Director 2: _____

Sec./Treas.: _____

Director 3: _____

Financial Institution Where Account(s) Held: _____

Balance in Account(s) as of January 31, 2008: _____

Advisors: Same as above? yes ☐ no ☐

If no, list advisors: _____

Transfers of Ownership (if any) During Year: _____

Business Transactions During Year (Purchase/sale of assets, etc.): _____

Other Business: _____

(OVER →)