

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 09, 2008 8:00 am
Secretary of State

09-09-2008 90031 035 ***138.75

DOCUMENT # L07000093923

1. Entity Name
JUST CALL JOHN, LLC



Principal Place of Business
2115 SE 46TH TERRACE
GAINESVILLE, FL 32641

Mailing Address
2115 SE 46TH TERRACE
GAINESVILLE, FL 32641

50010216



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

2115 SE 46 Terr.

3. Mailing Address

2115 SE 46 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05032008

Chg-LLC

CR2E083 (12/06)

City & State

Gainesville FL

City & State

Gainesville, FL

4. FEI Number

65-1318251

Applied For

Not Applicable

Zip

32641

Country

Alachua

Zip

32641

Country

Alachua

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODSAID, JOHN M
2115 SE 46TH TERRACE
GAINESVILLE, FL 32641

7. Name and Address of New Registered Agent

Name

John M. Goodsaid

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

2115 SE 46 Terr.

City

Gainesville,

FL

Zip Code

32641

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

John M. Goodsaid

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

(NOTE: Registered Agent signature required when reinstating)

9-4-08

DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GOODSAID, JOHN M	
STREET ADDRESS	2115 SE 46TH TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32641	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GOODSAID, ANDREA L	
STREET ADDRESS	2115 SE 46TH TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32641	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

John M. Goodsaid

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

9-4-08

Date

352-337-8719

Daytime Phone #