


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 25, 2008 8:00 am**  
**Secretary of State**

08-25-2008 90093 026 \*\*\*138.75

<b>DOCUMENT # L07000121012</b>	
1. Entity Name <b>JASON JOSE L.L.C.</b>	

Principal Place of Business <b>2701 NE 7TH ST. 510 OCALA FL 34470 US</b>	Mailing Address <b>2701 NE 7TH ST. 510 OCALA FL 34470 US</b>
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2. Principal Place of Business - No P.O. Box # <b>2701 NE 7th St.</b>	3. Mailing Address <b>Same</b>
Suite, Apt. #, etc. <b>Apt. # 510</b>	Suite, Apt. #, etc.
City & State <b>Ocala FL</b>	City & State
Zip <b>34470</b>	Country <b>U.S.</b>

2nd MOORE CR2E083 (4/08)

4. FEI Number <b>01-0764149</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>NEIL, CHERYL 25290 NE 132ND ST. SALT SPRINGS FL 32134</b>	
7. Name and Address of New Registered Agent Name <b>Cheryl Neil (Same)</b> Street Address (P.O. Box Number is Not Acceptable) <b>25290 N.E. 132ND ST</b> City <b>Salt Springs</b> FL Zip Code <b>32134</b>	

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 *Jason Jose* DATE 8/21/08

Signature must be printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$538.75</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 3, 2008</b>	S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 <input checked="" type="checkbox"/>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DENISON, BENJAMIN G 2480 SE 50TH TERRACE OCALA FL 34471</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jason Jose* 8/21/08 (752) 502-2268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #