

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000115262

Entity Name: JULIUS L OWENS LLC

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

591 LAKE MARTHA DRIVE NE  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

591 LAKE MARTHA DRIVE NE  
WINTER HAVEN, FL 33881

**New Mailing Address:**

FEI Number: 26-3937705

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

OWENS, JULIUS L  
591 LAKE MARTHA DRIVE NE  
WINTER HAVEN, FL 33881 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: OWENS, JULIUS L  
Address: 591 LAKE MARTHA DRIVE NE  
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JULIUS L. OWENS

MGRM

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date