

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000003761

Entity Name: SJL CRAFTSMAN, LLC

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1159 ALFORD RD  
PONCE DELEON, FL 32455 US

**New Principal Place of Business:**

**Current Mailing Address:**

1159 ALFORD RD  
PONCE DELEON, FL 32455 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

LOWE, STANLEY J  
1159 ALFORD RD  
PONCE DELEON, FL 32455 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: LOWE, STANLEY J  
Address: 1159 ALFORD RD  
City-St-Zip: PONCE DELEON, FL 32455 US

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: STANLEY J LOWE

MGR

04/27/2011

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