

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000073915

Entity Name: JOVANLW, LLC

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2050 S.W. 66TH STREET  
OCALA, FL 34476 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4018  
OCALA, FL 34478 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

VAN HYNING, JO ANN P  
2050 S.W. 66TH STREET  
OCALA, FL 34476 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: MGRM  
Name: JOVAN MASTER, LLC  
Address: P.O. BOX 4018  
City-St-Zip: OCALA, FL 34478 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: JOANN VAN HYNING

MRS

02/25/2011

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