

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000073915

Entity Name: JOVANLW, LLC

FILED  
Mar 22, 2012  
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: JOVAN MASTER, LLCO                      MGMR                      03/22/2012

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