

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L98000001460

1. Entity Name  
JOEANDY, L.C.



Principal Place of Business

45 WEST BAY STREET, STE. 203  
JACKSONVILLE, FL 32202

Mailing Address

45 WEST BAY STREET, STE. 203  
JACKSONVILLE, FL 32202



01042008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3527284

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRUNTHAL, LEONARD H III  
45 WEST BAY STREET, STE. 203  
JACKSONVILLE, FL 32202

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000860376  
04/02/08-80060-006 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHULTZ, JOHN R 45 WEST BAY STREET, STE. 203 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANGELO, MARC C 45 WEST BAY STREET, STE. 203 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRUNTHAL, LEONARD H III 45 WEST BAY STREET, STE. 203 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHUETH, WILLIAM F JR. 45 W BAY STREET SUITE 203 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Leonard H. Grunthal III

03/06/08 904-356-1060

Date

Daytime Phone #