

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L99000002230

**FILED**  
**Jul 06, 2011**  
**Secretary of State**

**Entity Name:** J. BAILEY'S OF OXFORD, L.C.

**Current Principal Place of Business:**

3709 CR 214  
OXFORD, FL 34484

**New Principal Place of Business:**

1345 CR 245 A  
OXFORD, FL 34484

**Current Mailing Address:**

P.O. BOX 218  
OXFORD, FL 34484

**New Mailing Address:**

1345 CR 245 A  
OXFORD, FL 34484

**FEI Number:** 59-3571060

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAILEY, THOMAS M  
1345 COUNTY RD 245 A  
OXFORD, FL 34484 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:** BAILEY, JOYCE  
**Address:** 3709 CR 214  
**City-St-Zip:** OXFORD, FL 34484

**Title:** MGR  
**Name:** BAILEY, THOMAS M  
**Address:** 1345 CR 245A  
**City-St-Zip:** OXFORD, FL 34484

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:** THOMAS M. BAILEY

MGR

07/06/2011

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