

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90023 018 ****50.00

DOCUMENT # L99000002513

1. Entity Name

JOSHIAN, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
905 Beach Blvd.

3. Mailing Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State

Zip 32250

Country
USA

Zip

Country

4. FEI Number
X59-3580508

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Randal C. Fairbanks

Street Address (P.O. Box Number is Not Acceptable)
217 Ponte Vedra Park Drive, #200

City Ponte Vedra Beach **FL** **Zip Code** 32082

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.

SIGNATURE *Randal C. Fairbanks* **March 12, 2002**

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
Managing Member	Gina Marie Aguilar	905 Beach Blvd.	Jacksonville Beach, FL 32250

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lina y. Quintana*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/3/02
Date

Daytime Phone #

CR2E083B (12/01)