

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003724

Entity Name: S.J.C., L.C.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

5427 MONTERREY CLUB COURT
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2228
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-3590764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARROLL, CORNELIUS X
5427 MONTERREY CLUB COURT
WINDERMERE, FL 34786 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: MGR () Delete
Name: CARROLL, SALLY JEWELL
Address: PO BOX 2228
City-St-Zip: WINDERMERE, FL 34786

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARROLL, SALLY J
Address: PO BOX 2228
City-St-Zip: WINDERMERE, FL 34786

Title: VP () Change (X) Addition
Name: CARROLL, CORNELIUS X
Address: 5427 MONTERREY CLUB COURT
City-St-Zip: WINDERMERE, FL 34786

Title: VP () Change (X) Addition
Name: CARROLL JR., CORNELIUS X
Address: 5427 MONTERREY CLUB COURT
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SALLY J. CARROLL

MGRM

01/16/2009

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