

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M0000000626

1. Entity Name
J & C FOX FAMILY, LLC



Principal Place of Business
JOEL S. FOX
4220 N.E. 25TH AVE.
FORT LAUDERDALE, FL 33308-5707

Mailing Address
JOEL S. FOX
4220 N.E. 25TH AVE.
FORT LAUDERDALE, FL 33308-5707

**FILED
Apr 11, 2008 08:00 A
Secretary of State**



03022008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-0996911	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FOX, JOEL S
4220 N.E. 25TH AVE.
FT. LAUDERDALE, FL 33308-5707

**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 renaming)

DATE

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

U000000892568
04/23/08-80071-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FOX, JOEL S 4220 S.W. 25TH AVE. FORT LAUDERDALE, FL 333085707
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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.

954-565

SIGNATURE: *Joanne Fox*

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

3/28/08

Deb

0497

Daytime Phone #