

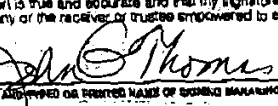
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N. L. L. C. STATE

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90030 001 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000000153			
1. Entity Name TOJO ENTERPRISES, LLC			
Principal Place of Business MALABAR ROAD PALM BAY, FL 32907		Mailing Address C/O KELLEY GALLOWAY CO. PO BOX 990 ASHLAND, KY 41105	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Site, Apt. #, Etc.		Suite, Apt. #, Etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 61-1363677		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THOMAS, JOHN 826 LOGGERHEAD ISLAND DR. SATELLITE BEACH, FL 32937		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 in printed name of registered agent and filer if applicable (NEVER Registered Agent signature removed and then replaced) DATE			
FILE NOW!!! FEB IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, JOHN 826 LOGGERHEAD ISLAND DR. SATELLITE BEACH, FL 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURNETTE, THOMAS L 2773 WINCHESTER AVE. ASHLAND, KY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.			
SIGNATURE: 		4/24/08 321-610-7180	
SIGNATURE AND TYPED OR PRINTED NAME OF BOOKING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

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