

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000047701

**Entity Name:** JOFFRE W. FILION, L.L.C.

**Current Principal Place of Business:**

456 COVE RD  
SATSUMA, FL 32189

**Current Mailing Address:**

456 COVE RD  
SATSUMA, FL 32189 US

**FEI Number:** 26-2701958

**Certificate of Status Desired:** No

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

FILION, SALLY JMRS.  
627 EMMETT ST  
PALATKA, FL 32177 US

*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

**Authorized Person(s) Detail :**

Title MR  
Name FILION, JOFFRE WMR  
Address 627 EMMETT ST  
City-State-Zip: PALATKA FL 32177

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOFFRE W FILION

**OWNER**

**02/03/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date