

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

	2. Exact nai	Exact name of the limited liability company Jozu LLC				
000545881	Jozu LL					
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
CA	Househo	Household Services				
Principal office address 101 Ygnacio Valley Road, Suite 320		City Walnut Creek	State CA	Zip 94596		
	IMITED LIABILIT	TY COMPANY AND NA	AME OR TITLE OF CONTACT PE	RSON:		
ontact Name Philip B. Simon			Contact Title President			
treet Address 101 Ygnacio Valley Road, Suite 320			City Walnut Creek	State CA	Zip 94596	
7. LIST ALL MANAGERS (N	IAMES AND ADD	RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBER	
("X" BOX FOR ATTACHM	ENT)					
Manager Name	ENT)		Manager Name			
Manager Name Philip B. Simon Street Address	• • • • • • • • • • • • • • • • • • •	0				
Manager Name Philip B. Simon Street Address 101 Ygnacio Valley Ro Dity	• • • • • • • • • • • • • • • • • • •	Zip 94596	Manager Name	State	Zip	
Manager Name Philip B. Simon Street Address 101 Ygnacio Valley Ro Sity Walnut Creek	pad, Suite 32		Manager Name Street Address		Zip	
Manager Name Philip B. Simon Street Address 101 Ygnacio Valley Ro Dity Walnut Creek Manager Name	pad, Suite 32		Manager Name Street Address City		Zip	
Manager Name Philip B. Simon Street Address 101 Ygnacio Valley Ro City Walnut Creek Manager Name Street Address	pad, Suite 32		Manager Name Street Address City Manager Name		Zip Zip	
Manager Name Philip B. Simon Street Address 101 Ygnacio Valley Ro City Walnut Creek Manager Name Street Address City L. RESIDENT AGENT IN RHO	State CA	Zip 94596	Manager Name Street Address City Manager Name Street Address	State		

FILED

SEP 12 2014

BY 1500

File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and their all statements contained herein are true and correct.		
Check No		9/4/,0	
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Philip B. Simon		
TOTAL OF STATE SOLDIE	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012