LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State
03-18-2003 90155 018 ****50.00

DOCUMENT # L01000009592

1. Entity Name
DJA & S Investments, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4000 Sheridan Street		4000 Sheridan Street	
Suite, Apt. #, etc. Suite D		Suite, Apt. #, etc. Suite D	
City & State Hollywood FL		City & State Hollywood FL	
Zip 33021	Country USA	Zip 33021	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 651112024 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	TITLE	
NAME	Bitchatchi, DAVID	NAME	
STREET ADDRESS	4000 Sheridan Street	STREET ADDRESS	
CITY-ST-ZIP	Hollywood, FL 33021	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	Bitchatchi, Jami	NAME	
STREET ADDRESS	4000 Sheridan Street	STREET ADDRESS	
CITY-ST-ZIP	Hollywood, FL 33021	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: [signature] DAVID BITCHATCHI 3/10/03 (954)963-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #