

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90135 047 ****50.00

DOCUMENT # L02000011656

1. Entity Name

SJS Consulting LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9960 Majorca PL.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

4. FEI Number

02-0605342

Applied For

Not Applicable

Zip

33434

Country

Palm Beach

Zip

Country

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Stephen Smith

Street Address (P.O. Box Number is Not Acceptable)

9960 Majorca PI

City

Boca Raton

FL

Zip Code

33434

**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

7/21/2004

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**Member
Stephen Smith
9960 Majorca PI
Boca Raton FL 33434**

**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 exemption stated in Section 119.07(3)(l), 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:

7/21/2004

5614836888

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

Date

Daytime Phone #