

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000028177

**Entity Name:** CMJ TRUST LLC

**Current Principal Place of Business:**

1290 HAND AVENUE  
E  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

1290 HAND AVENUE  
E  
ORMOND BEACH, FL 32174 US

**FEI Number:** 46-4887422

**Certificate of Status Desired:** No

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

BILELLO, ANTHONY  
1290 HAND AVENUE  
E  
ORMOND BEACH, FL 32174 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            AMBR  
Name            BILELLO, ANTHONY  
Address        1290 HAND AVENUE, STE. E  
City-State-Zip: ORMOND BEACH FL 32174

*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:** ANTHONY BILELLO

**PRESIDENT**

**04/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date