

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000182614

**Entity Name:** M.J.J.S., L.L.C.**Current Principal Place of Business:**123 TRELLINGWOOD DRIVE  
MORRISVILLE, NC 27560**Current Mailing Address:**123 TRELLINGWOOD DRIVE  
MORRISVILLE, NC 27560 US**FEI Number:** 47-5442760**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOYER, ANDREW R ESQ.  
46 N. WASHINGTON BLVD., STE. 21  
SARASOTA, FL 34236 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            | LUTZ, MARY ANNE        |
| Address         | 123 TRELLINGWOOD DRIVE |
| City-State-Zip: | MORRISVILLE NC 27560   |

|                 |                         |
|-----------------|-------------------------|
| Title           | AMBR                    |
| Name            | STEVENSON, JOHN         |
| Address         | 1507 HURON AVE.         |
| City-State-Zip: | SINKING SPRING PA 19608 |

|                 |                    |
|-----------------|--------------------|
| Title           | AMBR               |
| Name            | STEVENSON, KEVIN   |
| Address         | 2422 WOODVALE AVE. |
| City-State-Zip: | READING PA 19606   |

|                 |                         |
|-----------------|-------------------------|
| Title           | AMBR                    |
| Name            | STEVENSON, JAMES        |
| Address         | 2891 DRUMMOND ROAD      |
| City-State-Zip: | SHAKER HEIGHTS OH 44120 |

*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:** MARY ANNE LUTZ**PRESIDENT****03/09/2020**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date