I hereby certify that the information indicated on this report or supplemental report is true and accurate	ate 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: CECELIA ADAMS	AMBR	04/04/2019	

SIGNATURE: CECELIA ADAMS

Electronic Signature of Signing Authorized Person(s) Detail

Ti Ν Α City-State-Zip: WINTER HAVEN FL 33880 City-State-Zip: WINTER HAVEN FL 33880

Α

Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	ADAMS, CECELIA	Name	KING, JACQUELYN	
Address	416 ALACHUA DR	Address	416 ALACHUA DR	
<u></u>		City Chata Zin		

Entity Name: CJ PROPERTIES OF WINTER HAVEN LLC

DOCUMENT# L18000073094

Current Principal Place of Business:

416 ALACHUA DR WINTER HAVEN, FL 33880

Current Mailing Address:

416 ALACHUA DR WINTER HAVEN, FL 33880 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

ACCOUNTING & TAX EDGE LLC 864 1ST STREET SOUTH WINTER HAVEN, FL 33880 US

SIGNATURE: Electronic Signature of Registered Agent

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.

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Certificate of Status Desired: No

Apr 04, 2019 Secretary of State 2853466631CC

Date

FILED

Date