

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000205949

Entity Name: CJTZ VENTURES LLC**Current Principal Place of Business:**1205 N MILLS AVE
ORLANDO, FL 32803**Current Mailing Address:**905 CAMELLIA AVE
WINTER PARK, FL 32789 US**FEI Number:** 83-1841458**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORRISON, COLIN
905 CAMELLIA AVE
WINTER PARK, FL 32789 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 | MGR |
| Name | MORRISON, COLIN |
| Address | 905 CAMELLIA AVE |
| City-State-Zip: | WINTER PARK FL 32789 |

| | |
|-----------------|---------------------------|
| Title | MGR |
| Name | SCRAY, ZACHARY |
| Address | 317 E AMELIA ST UNIT 2 |
| City-State-Zip: | ORLANDO FL 32801 |

| | |
|-----------------|--------------------|
| Title | MGR |
| Name | MORRIS, JOSEPH |
| Address | 3601 FOREST STREET |
| City-State-Zip: | ORLANDO FL 32806 |

| | |
|-----------------|------------------------|
| Title | MGR |
| Name | PLEICONES, JOHNNIE III |
| Address | 3310 AMHERST AVE |
| City-State-Zip: | ORLANDO FL 32804 |

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: COLIN MORRISON**MANAGER****02/05/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date