

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90188 029 ***150.00

DOCUMENT # L00000002618

1. Entity Name
C.J.V. ENTERPRISES, L.L.C.



Principal Place of Business
8126 U.S. HIGHWAY 98 NORTH
LAKELAND, FL 33809

Mailing Address
8126 U.S. HIGHWAY 98 NORTH
LAKELAND, FL 33809

44032422



2. Principal Place of Business
3055 DRANE FIELD RD
Suite, Apt. #, etc.

3. Mailing Address
3055 DRANE FIELD RD
Suite, Apt. #, etc.

01152004 Chg-LLC CR2E083 (10/03)

City & State
LAKELAND FL

City & State
LAKELAND FL

4. FEI Number
59-3646627

Applied For
Not Applicable

Zip Country
33811 FL

Zip Country
33811 FL

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VITITO, CHRISTOPHER J
8126 U.S. HIGHWAY 98 NORTH
LAKELAND, FL 33809

Name

Street Address (P.O. Box Number is Not Acceptable)
3055 DRANE FIELD RD

City LAKELAND

FL

Zip Code 33811

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME VITITO, CHRISTOPHER J
STREET ADDRESS 8126 U.S. HIGHWAY 98 NORTH
CITY - ST - ZIP LAKELAND, FL 33809 ☐ Delete

TITLE MGR
NAME VITITO, CHRISTOPHER J
STREET ADDRESS 3055 DRANE FIELD RD
CITY - ST - ZIP LAKELAND FL 33811 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #