

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90171 035 ****50.00

DOCUMENT # L00000002619

1. Entity Name

PJ3, L.L.C.

Principal Place of Business

Mailing Address

1629 HEATHER LANE
DARIEN IL 60651

1629 HEATHER LANE
DARIEN IL 60651

2. Principal Place of Business

3. Mailing Address

3711 AGATE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SANIBEL, FL

4. FEI Number 65-0765849

Applied For

Not Applicable

Zip

Country

Zip

Country

33957

LEE

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

6. Name and Address of Current Registered Agent

HALERZ, JAMES K
3711 AGATE COURT
SANIBEL FL 33957

DEPART

7. Name and Address of New Registered Agent

Name

Reddington, James F.

Street Address (P.O. Box Number is Not Acceptable)

3711 Agate Court

City

Sanibel

FL

Zip Code

33957

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 JAMES F REDDINGTON

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

James F Reddington

(NOTE: Registered Agent signature required when reinstating)

8-5-02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALERZ, JAMES K 1629 HEATHER LANE DARIEN IL 60651	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALERZ, PATRICIA A 1629 HEATHER LANE DARIEN IL 60651	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REDDINGTON, JAMES F 3711 AGATE COURT SANIBEL FL 33957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REDDINGTON, JUDITH D 3711 AGATE COURT SANIBEL FL 33957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

7-12-02

630-985-8724

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

Date

Daytime Phone #

CR2E083 (4/02)