

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90142 002 \*\*\*\*50.00

**DOCUMENT # L00000003513**

1. Entity Name

JOB 2 CAREER.COM, LLC



Principal Place of Business

975 41ST STREET, SUITE 407  
MIAMI BEACH FL 33140

Mailing Address

975 41ST STREET, SUITE 407  
MIAMI BEACH FL 33140

2. Principal Place of Business

782 NW 42ND AVE.

Suite, Apt. #, etc.

343

City & State

MIAMI, FL

Zip

33126

Country

MIAMI - FL

3. Mailing Address

782 NW 42ND AVE.

Suite, Apt. #, etc.

343

City & State

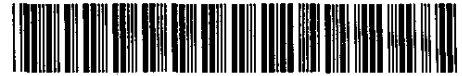
MIAMI, FL

Zip

33126

Country

MIAMI - FL



MOORE

CR2E083 (11/03)

4. FEI Number

65-1003955

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NUELL, STEPHEN S ESQ.  
782 NW 42ND AVE. #345  
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME NUELL, STEPHEN S  
STREET ADDRESS 782 NW 42ND AVE., SUITE 345  
CITY-ST-ZIP MIAMI FL 33126

TITLE MGRM ☐ Delete  
NAME MCKENNEY, MARK  
STREET ADDRESS 6575 ALLISON RD.  
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE MGRM ☐ Delete  
NAME KATARIYA, KUSHAGRA  
STREET ADDRESS 300 SHORE DRIVE EAST  
CITY-ST-ZIP MIAMI FL 33133

TITLE MGRM ☐ Delete  
NAME KATARIYA, VIVEK  
STREET ADDRESS 5401 COLLINS AVE #337  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE MGRM ☐ Delete  
NAME SHRIVER, ANTHONY K  
STREET ADDRESS 100 SE 2ND STREET SUITE 1250  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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 #