

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90064 041 \*\*\*\*\*50.00

0035455

**DOCUMENT # L00000006658**

1. Entity Name

**JJ STROSS L.C.**



Principal Place of Business

**721 FIRST AVENUE NORTH  
ST PETERSBURG FL 33701**

Mailing Address

**721 FIRST AVENUE NORTH  
ST PETERSBURG FL 33701**

60021660



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**7864 Third Ave. South**

Suite, Apt. #, etc.

3. Mailing Address

**7864 Third Ave. South**

Suite, Apt. #, etc.

City & State

**St. Petersburg, FL**

Zip

**33707**

Country

**USA**

City & State

**St. Petersburg, FL**

Zip

**33707**

Country

**USA**

4. FEI Number

**28-8380084**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ENGLANDER, LEONARD S  
721 FIRST AVENUE NORTH  
ST PETERSBURG FL 33701**

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, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
STROSS, JOHN E  
7864 3RD AVENUE SOUTH  
SAINT PETERSBURG FL 33707**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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 REQUIRED**

**1/21/03**

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

Date

Daytime Phone #

CR2E083 (10/02)