

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91532 047 ****50.00

DOCUMENT # L00000007110
1. Entity Name
FEJP LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4002 MORELAND DR
Suite, Apt. #, etc.

3. Mailing Address
4002 MORELAND DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
VALRICO FL

City & State
VALRICO FL

4. FEI Number
59-3659837

Applied For
Not Applicable

Zip
33594

Country
HILLSBOROUGH

Zip
33594

Country
HILLS

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ROCHELLE L. WALKER

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

4002 MORELAND DR

City
VALRICO

FL

Zip Code 33594

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.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER DAVID E. WALKER 4002 MORELAND DR. VALRICO, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER ROCHELLE L. WALKER 4002 MORELAND DR. VALRICO, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

Rochelle L Walker

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

5/21/02

Date

913 657 6855

Daytime Phone #