

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007924

1. Entity Name  
JOHN JOHNS, LLC

FILED

01 MAY -1 PM 5:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
261 S. TAMiami TRAIL  
NOKOMIS FL 34275

Mailing Address  
261 S. TAMiami TRAIL  
NOKOMIS FL 34275



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1531 S. Tamiami Trl

3. Mailing Address  
1531 S. Tamiami Trl

Suite, Apt. #, etc.  
#703

Suite, Apt. #, etc.  
#703

City & State  
Venice, FL

City & State  
Venice, FL

4. FEI Number  
65-1038095

Applied For  
Not Applicable

Zip  
34292

Country  
USA

Zip  
34292

Country  
USA

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

## 6. Name and Address of Current Registered Agent

KHLEIF, ROD  
261 S. TAMiami TRAIL  
NOKOMIS FL 34275

## 7. Name and Address of New Registered Agent

Name Rod Khleif  
Street Address (P.O. Box Number is Not Acceptable)  
1531 S. Tamiami Trl #703  
City Venice FL Zip Code 34292

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.

(NOT: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

4000004287754-4  
-05/22/01--01093-015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	manager Rod Khleif 1531 S. Tamiami Trl #703 Venice, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: 4-27-01 941-497-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0022666 AF

CR2E083 (11/00)