

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90280 004 ****50.00

DOCUMENT # L00000008293

1. Entity Name
M & J ADKINS, L.L.C.



Principal Place of Business
**790 ANDREWS AVENUE, APT. 106C
DELRAY BEACH, FL 33483**

Mailing Address
**790 ANDREWS AVENUE, APT. 106C
DELRAY BEACH, FL 33483**

24041097



DO NOT WRITE IN THIS SPACE

03242004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1046616

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ADKINS, MARTHA
790 ANDREWS AVENUE, APT. 106C
DELRAY BEACH, FL 33483**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE **D**
NAME **ADKINS, MARTHA**
STREET ADDRESS **790 ANDREWS AVENUE, APT. 106C**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

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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: _____

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

Date

Daytime Phone #

4/15/04

561 295 0288