2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008745

1. Entity Name

D & J LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 25 PM 9:44

Principal Place of Business	Mailing Address
6258 DICKENS DR. JACKSONVILLE FL 32244	6258 DICKENS DR. JACKSONVILLE FL 32244

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
SAME		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3665217 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LARMON, DANNY A 6258 DICKENS DR. JACKSONVILLE FL 32244	Name NA 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.

SIGNATURE NA
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 Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	CEO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DANNY LARMON		NAME		
STREET ADDRESS	6259 DICKENS DR		STREET ADDRESS		
CITY-ST-ZIP	Jacksonville FL 32244		CITY-ST-ZIP		
TITLE	VP OF OPERATIONS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DOROTHY LARMON		NAME		
STREET ADDRESS	6258 DICKENS DR		STREET ADDRESS	300004616703--4 -09/28/01--01062--017 *****55.00 *****55.00	
CITY-ST-ZIP	Jacksonvill. FL 32244.		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Doug Larmon SIGNATURE REQUIRED 20 Sept 01 904-771-8014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)