2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
04-30-2002 90037 042 ****40.00
05-22-2002 90215 050 ****10.00

DOCUMENT # L00000014366

1. Entity Name
J & J, LLC

Principal Place of Business	Mailing Address
375 S.E. 6TH AVE. DELRAY BEACH FL 33483	375 S.E. 6TH AVE. DELRAY BEACH FL 33483

966262

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
297 North Federal Hwy	297 North Federal Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach Fl	City & State: Delray Beach Fl
Zip: 33483 Country: USA	Zip: 33483 Country: USA

4. FEI Number 65-1101832 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JONAS, HAROLD
375 S.E. 6TH AVE
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
297 North Federal Hwy
City: Delray Beach FL Zip Code: 33483

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] MGRM 4-15-02

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JONAS, HAROLD 375 SE 6TH AVE DELRAY BEACH FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	297 North Federal Hwy Delray Beach Fl 33483	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GOSAI, JAISEL 138 ST FRANCIS CIRCLE OAK BROOK IL 60523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/01)

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] MGRM 4-15-02 561-265-2528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #