

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90038 010 \*\*\*\*50.00

**DOCUMENT # L00000014437**

1. Entity Name  
**R.M.J.T.J., L.L.C.**



Principal Place of Business  
**1320 LANCEWOOD TERRACE  
PALM CITY FL 34990**

Mailing Address  
**1320 LANCEWOOD TERRACE  
PALM CITY FL 34990**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-6350286**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~COVEY, JAMES P P.A.  
684 AZALEA LN., STE. B  
VERO BEACH FL 32900~~

Name **Avron Rifkin**

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

**800 SE Monterey Commons #200**

City **Stuart FL**

**FL**

Zip Code **34996**

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

**4/28/2003**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PRES**  
NAME **CAMPION, MARGUERITE S**  
STREET ADDRESS **1320 LANCEWOOD TERRACE**  
CITY-ST-ZIP **PALM CITY FL 34990**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **ST**  
NAME **CAMPION, RUSSELL R**  
STREET ADDRESS **1320 LANCEWOOD TERRACE**  
CITY-ST-ZIP **PALM CITY FL 34990**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **MEM**  
NAME **WALKER, JILL C**  
STREET ADDRESS **3494 SW ASPEN PL**  
CITY-ST-ZIP **PALM CITY FL 34990**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **MEM**  
NAME **CAMPION, THOMAS R**  
STREET ADDRESS **9460 HIGHWOOD HILL RD.**  
CITY-ST-ZIP **BRENTWOOD TN 37027**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **MEM**  
NAME **CAMPION, JON W**  
STREET ADDRESS **9226 FOX RUN DRIVE**  
CITY-ST-ZIP **BRENTWOOD TN 37027**

☐ 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

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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

**4/6/03 772-221-3990**

CR2E083 (10/02)