

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90104 036 ****55.00

DOCUMENT # L00000014638

1. Entity Name

JUST FOR US, LLC.



Principal Place of Business

771 VILLAGE BLVD
SUITE # 707
WEST PALM BEACH FL 33409

Mailing Address

771 VILLAGE BLVD
SUITE # 707
WEST PALM BEACH FL 33409

2. Principal Place of Business

3812 New Moon Parkway

3. Mailing Address

3812 New Moon Parkway

Suite, Apt. # etc.

Suite, Apt. # etc.

City & State

Boynton Beach, FLA

City & State

Boynton Beach, FLA

Zip

33436

Country

USA

Zip

33436

Country

USA

4. FEI Number **65-1058198**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1000 WEST AVE
SUITE 1114
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Andree Berkowitz

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

3812 New Moon Parkway

City

Boynton Beach

FL

33436

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

Andree Berkowitz

Managing Member/Principal

2/10/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VECCHIO, FRANCES	
STREET ADDRESS	4200 COMMUNITY DR APT #707	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BERKOWITZ, ANDREE	
STREET ADDRESS	4200 COMMUNITY DR APT #707	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vecchio, Frances	
STREET ADDRESS	3812 New Moon Parkway	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berkowitz, Andree	
STREET ADDRESS	3812 New Moon Parkway	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Andree Berkowitz

2/10/2003

***561-616-9052**

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

Date

Daytime Phone #

CR2E083 (10/02)