						· .	** * * *			
2001 UN	IFORM BUSII	NESS REPO	RT	(UBR)		· · · · · · · · · · · · · · · · · · ·	camproper			
DOCUMENT # L00000515921 1. Entity Name						FILED				
DJ SERVICES, LLC			•	3	01 MAY -4 PM 2: 37					
Principal Place of Business Mailing Address						SECRETA TALLAHAS	RY OF S	TATE		
6618	Stonegate F1 3410	De .				IRLLANAS	1366,16	_0111111		
Naples,										
2. Principal Place of Business SPIUL AS ASIVE Suite, Apt. #, etc.		3. Mailing Address 5 pme ns n bove Suite. Apt. # etc.			DO NOT WE	RITE IN THIS	SPACE			
City & State		City & State		4. FEI Number Applied For						
,		Zip	Country		65	106/4/2			ot Applicable	
·			Coun	T	Certificate of Status Desired					
6. Nan	ne and Adoress of Current Re	gistered Agent		Name	7. Name	and Address of New	Kegistered	Agent		
. DARRELL	cafe br.			Street Addres	s (P.O. Box Nu	mber is Not Acceptab	ile)			
DARRELL CAMPBELL 6618 STONE JAFE Dr. Noples, FL. 34109										
				City		* 18 * 17	FI	Zip Cod	e	
8. The above named en	tity submits this statement for th	ne purpose of changing its	egistere	ed office or regis	tered agent, or	both, in the State of F	lorida.			
SIGNATURE Signature tvo	ed or printed name of registered agent and	title if applicable. (NOT	Registere	d Agent signature requi	ired when reinstating))	DATE		 -	
		Secretary Section		FEE IS \$50.0	0			5 72:8 -01089		
		Make Check Pa	rable t	o Department			:#50.00			
9.	MANAGING MEMBER	S/MEMBERS	10.	<u>, </u>		ADDITION	S/CHANGE	s		
TITLE	MANAGER Comphall	☐ Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS 66	185 Tracyate Dr.		STRE	EET ADDRESS						
CITY-ST-ZIP	MANAGER NACIL CAMPBELL 185 TACGARE Dr. 100 ples, FL 3411; 101, th A lampbell 118 STANCGARE DA. 1410 1410	Delete	TITLE	-ST-ZIP		149	_	☐ Change	☐ Addition	
NAME MESTA	dish A laughbell	- Delete	NAM	iE						
STREET ADDRESS CITY-ST-ZIP	moles FL. 8410	g		EET ADORESS '-ST-ZIP				_		
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '- St- Zip	-				,	
TITLE		☐ Delete	TITLE	E		- u-		☐ Change	Addition	
NAME STREET ADDRESS			NAM Stre	EET ADDRESS						
CITY-ST-ZIP				'-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAM					☐ Change	☐ Addition	
STREET ADDRESS			STRE	EET ADDRESS						
CITY-S:-ZIP		Delete	TITLE	F .		 .		☐ Change	Addition	
NAME STREET ADDRESS			NAM							
CITY-ST-ZIP		1. 800		-ST-ZIP	Section 110.00	7/2)/i) Florida Statutas	I further es	artify that the i	nformation	
11. I hereby certify that indicated on this replimited liability comparison.	the information supplied with the cort is true and accurate and the range or this receiver or trustee e	is filing does not qualify fo at my signature shall have mpowered to execute this	inthe exe The same Taport as	mption stated in a legal effect as i a required by Cha	Section 119.07 if made under a apter 608, Flori	oath; that I am a manida Statutes.	s, murther ce aging memb	per or manage	r of the	
SIGNATURE	Vanuella	Taxlee				5/1/01	1 9	91-64	9-4343	
SIGNATURE:	E AND TYPED OR PRINTED NAME OF S	IGNING MANAGING MEMBER, MA	N \GER. OR	AUTHORIZED REPRE	SENTATIVE	Date		Daytime Phone #		