2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016039

1. Entity Name: C.J. ASSOCIATES, L.L.C

FILED
01 NOV 30 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 16113 EAST Glasgow Dr. LOXAHATCHEE, Fl 33047

Mailing Address: SAME

2. Principal Place of Business: 16113 EAST Glasgow Dr.
Suite, Apt. #, etc.
City & State: LOXAHATCHEE, FL
Zip: 33470 Country: PALM BEACH

3. Mailing Address: SAME
Suite, Apt. #, etc.
City & State
Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1063921 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL + UTRERA, P.A
~~P.O. Box #4429~~ 343 Almeria ~~Avenue~~
Coral GABLES, Fl 33134 ~~-4479~~

7. Name and Address of New Registered Agent

Name
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 ______________________
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

600004710956--0
-12/06/01--01012--013
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OPERATING MANAGER Carl Jesion 16113 EAST GLASGOW DR. LOXAHATCHEE, Fl 33470 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Carl Jesion CARL JESION 11/27/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)

2 of 2

November 20, 2001

To whom it may concern,

This letter serves as notification that I did not receive a notice dated June 15, 2001 and dispute the dissolution of C.J. ASSOCIATES and want that LLC reinstated.

Attached is the 2001 annual report/uniform business required along with a $50.00 check. I called the registration section at 850-245-6051 and this is what they instructed me to do.

If you need additional information please contact me at 954-612-1654.

Sincerely,

Carl Jesion
C.J. ASSOCIATES, LLC