

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000000650

1. Entity Name
RJ ENTERPRISES OF FLORIDA, LLC



Principal Place of Business
**4113 HIGHWAY 301 SOUTH
CALLAHAN, FL 32011**

Mailing Address
**6747 TAYLOR ROAD SW
REYNOLDSBURG, OH 43068 US**

DO NOT WRITE IN THIS SPACE



03142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
75-3013243

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPENCER, RALPH T
4113 HIGHWAY 301 SOUTH
CALLAHAN, FL 32011**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SPENCER, JOHN W
5650 INDIAN MOUND COURT
COLUMBUS, OH 43213**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SPENCER, RALPH T
2501 HIGHSMITH LANDING LN
JACKSONVILLE, FL 32226**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000672517
03/28/07-80073-011 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

JOHN W SPENCER

Date

Daytime Phone #

3/14/07 (614) 864-4004