

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # LQ1000010426

1. Entity Name
PJUR GROUP USA, LLC



Principal Place of Business

227 FIRST STREET
SUITE 3
MIAMI BEACH FL 33139

Mailing Address

300 S POINTE DR
SUITE 604
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE



01052004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
38-3645046

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATAS, RAQUEL M
201 S BISCAYNE BLVD
34TH FLOOR MIAMI CENTER
MIAMI, FL 33131

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HARRIS, RICHARD
STREET ADDRESS	300 S POINTE DR SUITE 604
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MGR
NAME	PALMQUIST, JACK
STREET ADDRESS	300 S POINTE DR SUITE 604
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/08/04-80014-014 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 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:

Jack Palmquist JACK PALMQUIST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/6/04 786-276-9703
Date Daytime Phone #