

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90688 044 ****50.00

DOCUMENT # L01000017828

1. Entity Name

MJ RAMOS, LLC



DO NOT WRITE IN THIS SPACE

30045857

2. Principal Place of Business

4411 RIVERWATCH

Suite, Apt. #, etc.

#201

3. Mailing Address

3490 MOCERI CT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOWTIE SPRINGS, FL.

City & State

ROCHESTER HILLS, MI

4. FEI Number

38-3637566

Applied For

Not Applicable

Zip

34134

Country

U.S.A.

Zip

48306

Country

U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

FLOOD, PETER T.

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

125 N. AIRPORT Rd

SUITE 202

City

NAPLES, FL

FL

Zip Code

34104

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MANAGER
NAME	MICHAEL RAMOS
STREET ADDRESS	3490 MOCERI CT.
CITY - ST - ZIP	ROCHESTER HILLS, MI 48306
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	MANAGER
NAME	MARCIA RAMOS
STREET ADDRESS	3490 MOCERI CT
CITY - ST - ZIP	ROCHESTER HILLS, MI 48306
TITLE	
NAME	
STREET ADDRESS	
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**DO NOT WRITE
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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

3/19/03 (248) 475-1147

CR2E083B (12/02)