

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90004 010 *****50.00

DOCUMENT # L01000019745

1. Entity Name

JMJ ENTERPRISES, LLC



Principal Place of Business

**215 MOUNTAIN DRIVE, SUITE 111
DESTIN FL 32541**

Mailing Address

**215 MOUNTAIN DRIVE, SUITE 111
DESTIN FL 32541**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3730291**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELL, JAMES E JR.
218 VININGS WAY UNIT 206
DESTIN FL 32541**

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. 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **FELL, JAMES E JR**
STREET ADDRESS **218 VININGS WAY UNIT 206**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **FELL, MICHAEL F**
STREET ADDRESS **239 WEKIVA COVE**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **622 East Yighway 98, Unit 710**
CITY-ST-ZIP **Destin, FL 32541**

TITLE **S** ☐ Delete
NAME **FELL, JAMES E SR**
STREET ADDRESS **30 MORENO RD UNIT 401B**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **508 Highway 98, Unit 302**
CITY-ST-ZIP **Destin, FL 32541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *James E. Fell Jr* **SIGNATURE REQUIRED**
JAMES E FELL JR

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

3-26-03

Date

(850) 650-2311

Daytime Phone #

CR2E083 (10/02)