

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000020858

1. Entity Name
RJDD, L.L.C.



Principal Place of Business
222 NORTH PASSAIC AVE
CHATHAM, NJ 07928

Mailing Address
222 NORTH PASSAIC AVE
CHATHAM, NJ 07928

DO NOT WRITE IN THIS SPACE



07012005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
22-3834991

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, ELBERT A
3251 BAYOU SOUND
LONGBOAT KEY, FL 34228

**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 September 7, 2005**

U00000372242
07/11/05-80024-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAPLAN, ELBERT A 3251 BAYOU SOUND CHATHAM, NJ 07928
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRANTOR KAPLAN, JULIA 222 NORTH PASSAIC AVE CHATHAM, NJ 07928
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRANTOR KAPLAN, ROBIN 222 NORTH PASSAIC AVE CHATHAM, NJ 07928
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRANTOR KAPLAN, DINA 222 NORTH PASSAIC AVE CHATHAM, NJ 07928
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(f), 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

Date

Daytime Phone #

7-8-05 973-635-6555