

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2006 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



01062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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IN THIS SPACE**

8. The above named entry 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, 2006**

9. MANAGING MEMBERS/MANAGERS

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

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04/20/06-80068-018 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

Date

Corporate Phone #