

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021199

Entity Name: PMJ HOLDING COMPANY, LLC

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

865 COLLINS AVE.
ATTN: PHILIP F. SAADA
MIAMI BEACH, FL 33139

New Principal Place of Business:

2025 TYLER STREET
ATTN: PHILIP F. SAADA
HOLLYWOOD, FL 33020

Current Mailing Address:

2025 TYLER STREET
ATTN: PHILIP F. SAADA
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 26-0002662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILIP, SAADA
2025 TYLER ST
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAADA, PHILIP F
Address: 2025 TYLER STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM () Delete
Name: JAMES, SAADA
Address: 2025 TYLER STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM () Delete
Name: MARK, SAADA A
Address: 2025 TYLER STREET
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PHILIP SAADA

MGRM

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date