

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90034 041 ****50.00

DOCUMENT # L02000001423

1. Entity Name

A & J VILS L.L.C.



Principal Place of Business

1150 N.W. 72ND AVE., STE. 555
MIAMI FL 33126

Mailing Address

1150 N.W. 72ND AVE., STE. 555
MIAMI FL 33126

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

80-0032202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SCHWARTZ, ANATOLI R
~~4777 S.W. 14TH ST.~~ 1465 US HWY 441 SE
~~DEERFIELD BEACH FL 33442~~ OKEECHOBEE, FL 34974

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, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME SCHWARTZ, ANATOLI R
STREET ADDRESS ~~4777 S.W. 14TH ST.~~ 1465 US HWY 441 SE
CITY-ST-ZIP ~~DEERFIELD BEACH FL 33442~~ OKEECHOBEE, FL 34974

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

TITLE MGRM ☒ Delete
NAME VILPISAUSKAS, JUSTINAS
STREET ADDRESS 4777 S.W. 14TH ST.
CITY-ST-ZIP DEERFIELD BEACH FL 33442

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *[Signature]*

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

Anatoli Schwartz

3/10/04 301-994-7972

Date

Daytime Phone #