2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/13/.

FILED
Jul 07, 2003 8:00 am
Secretary of State

05-13-2003 90014 032 ****50.00

DOCUMENT # L02000001777

1. Entity Name

PJR HOLDINGS, LLC

44005351

[redacted]

Principal Place of Business	Mailing Address
520 SE 5TH AVENUE SUITE 1702 FORT LAUDERDALE FL 33301	520 SE 5TH AVENUE SUITE 1702 FORT LAUDERDALE FL 33301

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
210 S Victoria Park Rd	210 S Victoria Park Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale FL	City & State: Fort Lauderdale FL
Zip: 33304 Country: USA	Zip: 33304 Country: USA

4. FEI Number: 20-0067003 ☐ 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
JOHN ROBERT HAYNIE 1499 WEST PALMETTO PARK ROAD, SUITE 420 BOCA RATON FL 33486	Name: John Robert Haynie Street Address (P.O. Box Number Is Not Acceptable): 210 S Victoria Park Road City: Fort Lauderdale FL Zip Code: 33304

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 ____________________ DATE ________

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Member/Manager John Haynie 210 S Victoria Park Road Fort Lauderdale FL 33304 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: x [signature] May 6, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #