FILED
Jul 03, 2003 8:00 am
Secretary of State
05-08-2003 90080 013 ****50.00
01-22-2003 90093 048 ****50.00

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LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/22/
5/8/2(

DOCUMENT # L02000002771

1. Entity Name
LYLJAC, L.L.C

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2. Principal Place of Business	3. Mailing Address
8195 Ulmerton Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Largo, Florida	City & State
Zip: 33771 Country: USA	Zip Country

4. FEI Number: 01-0643347 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: JACK Ayoub - Reg. Agent

Street Address (P.O. Box Number is Not Acceptable): 8195 Ulmerton Rd.

City: Largo. FL Zip Code: 33771

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.

FEE IS $50.00
MAKE Check Payable to Florida Department of State
DUE BY MAY 1

MANAGING MEMBERS / MANAGERS

TITLE	Manager
NAME	LYLIA Ayoub
STREET ADDRESS	8195 Ulmerton Rd.
CITY-ST-ZIP	Largo, Florida 33771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E083B (12/02)

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: Jack Ayoub 5/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #