

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90216 008 ****50.00

DOCUMENT # L02000004125

1. Entity Name
RJM & ASSOCIATES, LLC



Principal Place of Business
**1118 SOLANA AVENUE
WINTER PARK, FL 32789**

Mailing Address
**1118 SOLANA AVENUE
WINTER PARK, FL 32789**

24038545

2. Principal Place of Business

3. Mailing Address

20 N. ORANGE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 407

02102004 Chg-LLC CR2E083 (10/03)

City & State

City & State

Orlando, FL

4. FEI Number
59-3140418

Applied For
Not Applicable

Zip Country

Zip Country

32801

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

**HENDRY, STONER, DELANCETT & BROWN, P.A.
20 N. ORANGE AVENUE
ORLANDO, FL 32801**

Name

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

SUITE 407

City

FL

Zip Code

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] **2/1/04**

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **MEIER, ROBERT J**
STREET ADDRESS **1118 SOLANA AVE**
CITY-ST-ZIP **WINTER PARK, FL 32789**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature] **Manager** **3/30/04** **407 6448144**