

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000004479

1. Entity Name

J&R LEFTA ENTERPRISES, LLC



Principal Place of Business

5 PELICAN ISLE
FT. LAUDERDALE, FL 33301

Mailing Address

5 PELICAN ISLE
FT. LAUDERDALE, FL 33301

FILED
2004 DEC -9 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09212004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1109103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARSON, JAMES T
5 PELICAN ISLE
FT. LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$50.00
Due by September 8, 2004

200042292072
10/28/04--01067--004 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CARSON, JAMES T
5 PELICAN ISLE
FT. LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CARSON, ROXANN N
5 PELICAN ISLE
FT. LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

REINSTATEMENT 04

**DO NOT WRITE
IN THIS SPACE**

200043614758
12/23/04--01033--005 **100.00

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #