



**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000006412 1. Entity Name RMJ STABLES, LLC														
Principal Place of Business 12913 W. OKEECHOBEE RD G1 HIALEAH GARDENS, FL 33018	Mailing Address 12913 W. OKEECHOBEE RD G1 HIALEAH GARDENS, FL 33018													
DO NOT WRITE IN THIS SPACE														
6. Name and Address of Current Registered Agent MEAHJOHN, ZANIM RALPHY 12913 W. OKEECHOBEE RD SUITE G1 HIALEAH GARDENS, FL 33018		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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>														
Filing Fee is \$50.00 Due by May 1, 2005														
9. MANAGING MEMBERS/MANAGERS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>MGR MEAHJOHN, ZANIM RALPHY 12913 W. OKEECHOBEE ROAD #G1 HIALEAH GARDENS, FL 33018</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr></table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEAHJOHN, ZANIM RALPHY 12913 W. OKEECHOBEE ROAD #G1 HIALEAH GARDENS, FL 33018	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		DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4/19/05 (205) 821-5005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>														



04192005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1202780

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

000000324072
04/22/05-80079-006 50.00