

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/8/2003-90077-043-\$55.00-\$55.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 29 AM 8:34

WL10/07

DOCUMENT # L02000011577

1. Entity Name

J & J ASSOCIATES, LLC



Principal Place of Business

3377 SHELL MOUND BLVD.  
FT. MYERS BEACH FL 33931

Mailing Address

3377 SHELL MOUND BLVD.  
FT. MYERS BEACH FL 33931

2. Principal Place of Business

4920 20th ST N.E

Suite, Apt. #, etc.

1

3. Mailing Address

4920 20th ST NE

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

4. FEI Number

02-0616430

Applied For

Not Applicable

Zip

34120

Country

USA

Zip

34120

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent

DIMURRO, JOSEPH  
3377 SHELL MOUND BLVD.  
FT. MYERS BEACH FL 33931

7. Name and Address of New Registered Agent

Name

Joseph D. Murro

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

4920 20th ST NE

City

Naples

FL

Zip Code

34120

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

Joseph D. Murro

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/23/03

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE ~~Associate~~ MANAGING MEMBER ☐ Delete  
NAME Joseph D. Murro  
STREET ADDRESS 4920 20th ST NE  
CITY-ST-ZIP Naples FL 34120

TITLE ~~Associate~~ MEMBER ☐ Delete  
NAME John D. Murro  
STREET ADDRESS 1638 HARMON COVE TOWERS  
CITY-ST-ZIP Sarasota NJ 07094

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 REQUIRED Joseph D. Murro

9-5-03

239-357-8439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)

0018687