

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90079 014 \*\*\*\*50.00

**DOCUMENT # L02000013258**



1. Entity Name  
**MMJJ HOLDINGS, L.C.**

Principal Place of Business  
**10455 S.W. 58TH STREET  
MIAMI, FL 33173**

Mailing Address  
**10455 S.W. 58TH STREET  
MIAMI, FL 33173**

2. Principal Place of Business

3. Mailing Address



04052004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**71-0888473**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LESLIE ALAN ROZENCWAIG, P.A.  
ONE S.E. THIRD AVENUE, SUITE 960  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name  
**ROZENCWAIG & FERRERO - CARR**

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

**301 W HALLANDALE BEACH BLVD**

City  
**HALLANDALE BEACH**

**FL**

Zip Code  
**33009**

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 May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MARTINEZ, JUVENAL E  
10455 S.W. 58TH STREET  
MIAMI, FL 33173** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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CITY - ST - ZIP ☐ Delete

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NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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 #