

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000014924 1. Entity Name LJ HOLDINGS, LLC	
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Principal Place of Business 25901 HICKORY BLVD., #306 BONITA SPRINGS, FL 34134	Mailing Address 107 BAREFOOT CIR BONITA SPRINGS, FL 34134
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 75-3071948	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SHAFOR, LYNN 107 BAREFOOT CIR BONITA SPRINGS, FL 34134	DO NOT WRITE IN THIS SPACE
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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 *Lynn Shafor* LYNN SHAFOR 1/27/04
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**

000000024593
02/02/04-80071-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAFOR, LYNN 107 BAREFOOT CIR BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACCHIA, JOHN 338 STEVES SCENIC DR HORTON, MI 49246
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**DO NOT WRITE
IN THIS SPACE**

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 609, Florida Statutes.

SIGNATURE: *John Macchia* JOHN MACCHIA 1-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #