

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

02-27-2003 90001 011 ****50.00

DOCUMENT # L02000014924

1. Entity Name

L J HOLDINGS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
25901 HICKORY BLVD.

3. Mailing Address
107 BAREFOOT CIRCLE

Suite, Apt. #, etc.
#306

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BONITA SPRINGS, FL

City & State
BONITA SPRINGS, FL

4. FEI Number
75-3071948

Applied For
Not Applicable

Zip
34134

Country

Zip
34134

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LYNN SHAFOR

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

City
BONITA SPRINGS,

FL

Zip Code
34134

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

LYNN SHAFOR

DATE

2/22/03

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LYNN SHAFOR
107 BAREFOOT CIRCLE
BONITA SPRINGS, FL 34134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JOHN MACCHIA
338 STEVES SCENIC DRIVE
HORTON, MI 49246

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

1. 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:

John Macchia

JOHN MACCHIA

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

Date

3/9/03

Daytime Phone #

CR2E083B (12/02)