

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L02000021284

1. Entity Name
J&J CAPITAL, LLC



Principal Place of Business

**3829 PARTRIDGE PLACE SOUTH, QUAIL RIDGE
BOYNTON BEACH, FL 33436**

Mailing Address

**3829 PARTRIDGE PLACE SOUTH, QUAIL RIDGE
BOYNTON BEACH, FL 33436**



04252007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2376281

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PLANGERE, JULES L JR
3829 PARTRIDGE PLACE SOUTH, QUAIL RIDGE
BOYNTON BEACH, FL 33436**

**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 _____

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PLANGERE, JULES L
STREET ADDRESS 3829 PATRIDGE PLACE SOUTH, QUAIL RIDGE
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE MGRM
NAME PLANGERE, JANE W
STREET ADDRESS 3829 PATRIDGE PLACE SOUTH, QUAIL RIDGE
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE MGRM
NAME CONOVER, JOHN C III
STREET ADDRESS 634 SUSAN LN
CITY-ST-ZIP BRIELLE, NJ 08730

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/15/07-80143-013 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-25-07 232-251-1119