

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021284

Entity Name: J&J CAPITAL, LLC

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 52-2376281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PLANGERE, JULES L
Address: 3829 PATRIDGE PLACE SOUTH, QUAIL RIDGE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGRM () Delete
Name: PLANGERE, JANE W
Address: 3829 PATRIDGE PLACE SOUTH, QUAIL RIDGE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGRM () Delete
Name: CONOVER, JOHN C III
Address: 634 SUSAN LN
City-St-Zip: BRIELLE, NJ 08730

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JULES L. PLANGERE, JR.

MGRM

04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date