

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-04-2003 90055 011 ****50.00

DOCUMENT # L02000022372

1. Entity Name

CJ3, LLC



Principal Place of Business

15436 NORTH FLORIDA AVENUE, SUITE 200
TAMPA FL 33613

Mailing Address

15436 NORTH FLORIDA AVENUE, SUITE 200
TAMPA FL 33613

2. Principal Place of Business

3. Mailing Address

P. O. BOX 270603

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TAMPA, FL

Zip

Country

Zip
33688

Country
USA

4. FEI Number

05-0535593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIERRA, JOHN ROBERT JR
15436 NORTH FLORIDA AVENUE, SUITE 200
TAMPA FL 33613

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE

MGR

☐ Delete

NAME

SIERRA, JOHN JR

STREET ADDRESS

15436 NORTH FLORIDA AVE., STE. 200

CITY-ST-ZIP

TAMPA, FL 33613

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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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:

SIERRA, JOHN ROBERT JR

1-2403

813 962-0440

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

Date

Daytime Phone #

CR2E083 (10/02)