


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91433 005 ****50.00

DOCUMENT # L02000034146
1. Entity Name
DGJIE, LLC



30068491

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7462 Sally Lyn Ln
Suite, Apt. #, etc.

3. Mailing Address
7462 Sally Lyn Ln
Suite, Apt. #, etc.

City & State
Lake Worth FL 33467

City & State
Lake Worth FL 33467

Zip
33467 Country
USA

Zip
33467 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

Name
David Abellard Jr

Street Address (P.O. Box Number is Not Acceptable)
7462 Sally Lyn Ln

City
Lake Worth FL Zip Code
33467

**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] DATE 4-30-2003

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	<u>CEO</u> <u>David Abellard Jr</u> <u>7462 Sally Lyn Ln</u> <u>Lake Worth FL 33467</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: [Signature] DATE 4-30-03 561-541-0423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)