

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2003 8:00 am
Secretary of State

0021599

DOCUMENT # L02000035005

1. Entity Name

CHRISJANDO, L.L.C.



Principal Place of Business

**6435 S.E. WILD OLIVE LANE
STUART FL 34997**

Mailing Address

**6435 S.E. WILD OLIVE LANE
STUART FL 34997**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOPKO, JAMES
853 SE MONTEREY COMMONS BLVD.
STUART FL 34995**

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 September 24, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
CAMPORA, DONALD L
6435 S.E. WILD OLIVE LANE
STUART FL 34997**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
CHRISTINE L. CAMPORA
6345 SE WILD OLIVE LN
STUART, FL 34997**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
CAMPORA, JEANNE C
6435 S.E. WILD OLIVE LANE
STUART FL 34997**

☒ Delete

TITLE
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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:

Christine L. Campora

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

Date

Daytime Phone #

9/19/03 407-739-0396

CR2E083 (4/03)