

FILED

03 APR 15 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000035225

1. Entity Name
J & J MANUFACTURING, L.L.C.Principal Place of Business
601 BAYSHORE BLVD., SUITE 700
TAMPA, FL 33606Mailing Address
601 BAYSHORE BLVD., SUITE 700
TAMPA, FL 336062. Principal Place of Business
1501 S.E. Walton Boulevard3. Mailing Address
1501 S.E. Walton Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 210

Ste. 210

City & State

City & State

Bentonville, AR

Bentonville, AR

Zip

Country

Zip

Country

72712

USA

72712

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1167430

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

KIRKWOOD, PETER T
601 BAYSHORE BLVD., SUITE 700
TAMPA, FL 33606

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

4/11/03

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition

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: *Nan Smith*

4/10/03

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

Date

City/State/Phone #

Nan Smith, Manager

CR2E083 (10/02)

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