

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000002172

1. Entity Name
M & J INVESTMENTS, LLC



Principal Place of Business
2065 N. VOLUSIA AVENUE (HWY 17-92)
VOLUSIA, FL 32763 US

Mailing Address
2065 N. VOLUSIA AVENUE (HWY 17-92)
VOLUSIA, FL 32763 US



01132005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1040089

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRIDGMAN, CINDY
513 N. PINE MEADOW DRIVE
DEBARY, FL 32713

**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 *Cindy Bridgman*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

11000001223783
02/15/05-80013-006 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BRIDGMAN, JAMES J PRES
2903 CYPRESS RIDGE TRAIL
PORT ORANGE, FL 32128

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BRIDGMAN, MARK T VP
513 N PINE MEADOW DR
DEBARY, FL 32716

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
HARDY, RAYMOND V D
1982 S CLARA AV
DELAND, FL 32720

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 60B, Florida Statutes.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/11/05

Date

3867745522

Daytime Phone #