

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 11, 2004 8:00 am
Secretary of State

05-06-2004 90004 041 ****50.00

5.

DOCUMENT # L03000003155 1. Entity Name SLJ INTERIORS, LLC																																																		
Principal Place of Business 5824 BEE RIDGE ROAD, #305 SARASOTA FL 34233				Mailing Address 5824 BEE RIDGE ROAD, #305 SARASOTA FL 34233																																														
2. Principal Place of Business 1850 Porter Lake Dr. Suite, Apt. #, etc. Suite 107 City & State Sarasota, FL Zip 34240		3. Mailing Address 1850 Porter Lake Dr. Suite, Apt. #, etc. Suite 107 City & State Sarasota, FL Zip 34240		 MOORE CR2E083 (11/03)																																														
Country USA		Country USA		4. FEI Number <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>																																														
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent JOHNSON, SYBILL L 5220 SUNNYDALE CIRCLE SOUTH SARASOTA FL 34233																																														
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																																		
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 </div>																																																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY- ST- ZIP</td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td></td> <td>Sybill L. Johnson</td> <td>5220 Sunnydale Cir.</td> <td>Sarasota, FL 34233</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete		Sybill L. Johnson	5220 Sunnydale Cir.	Sarasota, FL 34233		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY- ST- ZIP</td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																														
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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: <u>Sybill Johnson</u> 4/20/04 941-925-4220 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																		