

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000006155

1. Entity Name
DJS ENTERPRISES LLC



SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 23 AM 8:46

Principal Place of Business
8211 W. BROWARD BLVD., STE. 375
PLANTATION, FL 33324

Mailing Address
PO BOX 43
BOCA RATON, FL 33429

DO NOT WRITE IN THIS SPACE



03082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
58-2673606

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAIMI, JOHN QUEMARS
8211 W. BROWARD BLVD., STE. 375
PLANTATION, FL 33324

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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

700128784877
05/07/08--01046--003 **138.50

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NAIMI, JOHN QUEMARS
8211 W. BROWARD BLVD #375
MGRM, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *J. Naimi*

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

Date

Daytime Phone #