

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

03-19-2004 90269 014 ****50.00

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|---|--|--|--|--|--|
| DOCUMENT # L03000011550 1. Entity Name JMJ GROUP OF CENTRAL FLORIDA, LLC | | | | | |
| Principal Place of Business 1347 HAWTHORNE COVE DR. OCOC, FL 34761 | | | Mailing Address 1347 HAWTHORNE COVE DR. OCOC, FL 34761 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 03122004 Chg-LLC CR2E083 (10/03) | |
| City & State | | City & State | | 4. FEI Number 58-201082716-49 Applied For: <input checked="" type="checkbox"/> Not Applicable | |
| Zip Country | | Zip Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PARK, DAVID I 1201 N. MILLS AVE. ORLANDO, FL 32803 | | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES </div> </div> | | | | | |
| TITLE 0 Member, Managing <input type="checkbox"/> Delete NAME LEE, MIMI K STREET ADDRESS 1347 Hawthorne Cove Dr. CITY-ST-ZIP OCOC, FL 34761 | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE LEG II HO/Member Managing <input type="checkbox"/> Delete NAME 1347 Hawthorne Cove Dr STREET ADDRESS OCOC, FL 34761 CITY-ST-ZIP | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 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: <u><i>Mimi K Lee</i></u> 3/16/04 407 297 9016 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |