2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

03-22-2004 90423 017 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000011592

1. Entity Name

A & J INVESTMENTS, LLC

Principal Place of Business	Mailing Address
1040 WIDEVIEW AVENUE TARPON SPRINGS FL 34689	1040 WIDEVIEW AVENUE TARPON SPRINGS FL 34689

2. Principal Place of Business		3. Mailing Address	
AS ABOVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1181157 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DRIS, MICHAEL E ESQ.
29 NORTH PINELLAS AVENUE
TARPON SPRINGS FL 34689

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	DIRECTOR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ANGELO LEONTARITIS	NAME	
STREET ADDRESS	1040 WIDEVIEW AVE	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	Please Send me
TITLE	MEMB ☐ Delete	TITLE	Addition
NAME	JULIA LEONTARITIS	NAME	a form like this
STREET ADDRESS	1040 WIDEVIEW AVE	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Addition
NAME		NAME	for Coco's Corp.
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	I never received
TITLE	☐ Delete	TITLE	Addition
NAME		NAME	one
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Addition
NAME		NAME	763 Dodecanese #?
STREET ADDRESS		STREET ADDRESS	Tarpon Springs, Fl
CITY-ST-ZIP		CITY-ST-ZIP	34689
TITLE	☐ Delete	TITLE	Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

PRESIDENT & SECRETARY
JULIA LS

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: [signature] Angelo Leontaritis 3/15/04 727-934-3779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #