

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

04-16-2004 90418 026 ****50.00

DOCUMENT # L03000017793

1. Entity Name

NJC INVESTMENT GROUP, LLC



Principal Place of Business

ATTN: ROBERT E. KOSBERG
499 N.W. 70TH AVENUE, SUITE 118
PLANTATION FL 33317
US

Mailing Address

ATTN: ROBERT E. KOSBERG
499 N.W. 70TH AVENUE, SUITE 118
PLANTATION FL 33317
US

34007882



MOORE CR2E083 (11/03)

2. Principal Place of Business

11238 Manderly Lane

3. Mailing Address

11238 Manderly lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington, FL.

City & State

Wellington, FL

4. FEI Number

16-1668901

Applied For

Not Applicable

Zip

33467

Country

US

Zip

33467

Country

US

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KOSBERG, ROBERT E
499 N.W. 70TH AVENUE
SUITE 118
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name **KOSBERG, ROBERT E.**
Street Address (P.O. Box Number is Not Acceptable)
11238 Manderly Lane
City **Wellington** FL Zip Code **33467**

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 fee if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

4/13/04

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KOSBERG, ROBERT E	
STREET ADDRESS	499 N.W. 70TH AVENUE, SUITE 118	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KOSBERG, CONSTANCE	
STREET ADDRESS	499 N.W. 70TH AVENUE, SUITE 118	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

R. Kosberg

ROBERT E. KOSBERG

4/13/04

561 315-1222

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

Date

Daytime Phone #