

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020298

FILED
Apr 15, 2009
Secretary of State

Entity Name: SJB, LLC

Current Principal Place of Business:

2800 NORTH 46TH AVENUE
APARTMENT 406A
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

2800 NORTH 46TH AVENUE
APARTMENT 406A
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORISOFF, SANDY J
2800 NORTH 46TH AVENUE
APARTMENT # 406A
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BORISOFF, SANDY J
Address: 2800 NORTH 46TH AVENUE, APT. 406A
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGRM () Delete
Name: BORISOFF, SHAWN J
Address: 2800 NORTH 46TH AVENUE, APT. 406A
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGRM () Delete
Name: BORISOFF, FRED H
Address: 2800 NORTH 46TH AVENUE, APT. 406A
City-St-Zip: HOLLYWOOD, FL 33021 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHAWN J BORISOFF

MGRM

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date