2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

04-29-2004 90075 030 ****50.00

DOCUMENT # L03000022693

1. Entity Name
JJS ENTERPRISES, LLC

Principal Place of Business
314 VIRGINIA STREET
HOLLYWOOD, FL 33019

Mailing Address
314 VIRGINIA STREET
HOLLYWOOD, FL 33019

34007668

04212004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 14 1887982 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
SAYFIE, JORDAN S
314 VIRGINIA STREET
HOLLYWOOD, FL 33019

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	MOSS, SCOTT	
STREET ADDRESS	842 SE 4TH COURT	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	MGRM	☐ Delete
NAME	SAYFIE, JAN	
STREET ADDRESS	1580 DIPLOMAT PARKWAY	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	MGRM	☐ Delete
NAME	SAYFIE, JORDAN	
STREET ADDRESS	314 VIRGINIA STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ 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: _____ 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #