

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022693

Entity Name: JJS ENTERPRISES, LLC

FILED  
Jan 17, 2005  
Secretary of State

**Current Principal Place of Business:**

314 VIRGINIA STREET  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

314 VIRGINIA STREET  
HOLLYWOOD, FL 33019

**New Mailing Address:**

FEI Number: 14-1887982

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAYFIE, JORDAN S  
314 VIRGINIA STREET  
HOLLYWOOD, FL 33019 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MOSS, SCOTT  
Address: 842 SE 4TH COURT  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGRM ( ) Delete  
Name: SAYFIE, JAN  
Address: 1580 DIPLOMAT PARKWAY  
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM ( ) Delete  
Name: SAYFIE, JORDAN  
Address: 314 VIRGINIA STREET  
City-St-Zip: HOLLYWOOD, FL 33019

**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 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 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: JORDAN SAYFIE

MGRM

01/17/2005

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