

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000035779

1. Entity Name

N & J COMMERCE CENTER, LLC



Principal Place of Business

**4316 INWOOD LANDING DRIVE
ORLANDO FL 32812**

✓ Mailing Address

**4316 INWOOD LANDING DRIVE
ORLANDO FL 32812**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

55-0850514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KATZ, LAWRENCE H
341 N. MAITLAND AVE.
SUITE 120
MAITLAND FL 32751**

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **JAKULEWICZ, CHARLES S**
CITY- ST- ZIP **4316 INWOOD LANDING DR
ORLANDO FL 32812**

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP **000000315496
04/19/05-80036-123 50.00**

TITLE ☐ Change ☐ Addition
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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Charles S. Jakulewicz **4-15-05** **407-851-8426**