

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 JUL 19 PM 1:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # L03000041698

1. Entity Name
J & C ENTERPRISES, L.L.C.



Principal Place of Business
7220 MYSTIC WAY
PORT ST. LUCIE, FL 34986

Mailing Address
7220 MYSTIC WAY
PORT ST. LUCIE, FL 34986

2. Principal Place of Business

4501 Brandywine Ln
Port St Lucie
FL
34986

3. Mailing Address

4501 Brandywine Ln
Port St Lucie, FL
City & State
FL



06102004 Chg-LLC CR2E083 (10/03) 7/19

4. FEI Number
20-0390513

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TELESE, JOSEPH
7220 MYSTIC WAY
PORT ST. LUCIE, FL 34986

7. Name and Address of New Registered Agent

Name John W Vernagla
Street Address (P.O. Box Number is Not Acceptable)
4501 Brandywine Ln
City Port St Lucie FL 34986

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)

6/10/04
DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

6/10/04 772-465-3366