

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 AM 8:57

DOCUMENT # L03000043316

1. Entity Name
J LIZ CONSULTING (LLC)



Principal Place of Business
531 NW 98TH AVENUE
PLANTATION, FL 33324 US

Mailing Address
531 NW 98TH AVENUE
PLANTATION, FL 33324 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162006 Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1210376

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIZALDA, JORGE
531 NW 98TH AVE
PLANTATION, FL 33324

Name Jeffrey S. Wachs Esq
Street Address (P.O. Box Number is Not Acceptable)
C/O DAVID M. ALSWORTH ET AL
1177 SE 3rd Ave
City FT LAUDERDALE FL Zip Code 33316

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 Jeffrey S. Wachs

Signature, in ink or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/16/06
DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME WOOD, MICHELLE
STREET ADDRESS 211 JACARANDA DR.
CITY-ST-ZIP PLANTATION, FL 33324

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200069973062
04/10/06--01087--002 **50.00

TITLE MGRM ☒ Delete
NAME WOOD, ANTHONY
STREET ADDRESS 211 JACARANDA DRIVE
CITY-ST-ZIP PLANTATION, FL 33324

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

TITLE MGR ☐ Delete
NAME LIZALDA, JORGE E MGR
STREET ADDRESS 531 NW 98TH AVENUE
CITY-ST-ZIP PLANTATION, FL 33324

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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: Jeffrey S. Wachs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/16/06
Date

Daytime Phone #