

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000046289

1. Entity Name
CJABA, L.L.C.



Principal Place of Business
2997 KENILWICK DRIVE SOUTH
CLEARWATER, FL 33761

Mailing Address
2997 KENILWICK DRIVE SOUTH
CLEARWATER, FL 33761



01202006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FBI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VITRO, JOANNE
2997 KENILWICK DRIVE SOUTH
CLEARWATER, FL 33761

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME VITRO, CARL
STREET ADDRESS 2997 KENILWICK DRIVE SOUTH
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE MGR
NAME VITRO, JOANNE
STREET ADDRESS 2997 KENILWICK DRIVE SOUTH
CITY-ST-ZIP CLEARWATER, FL 33761

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000000394694
01/26/06-80021-002 \$0.00

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IN THIS SPACE**

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: _____

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

1-20-06

Date

727-791-3909

Daytime Phone #