

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000046353

1. Entity Name
RJBJ, LLC



Principal Place of Business
**202 SE DADE STREET
MADISON, FL 32340 US**

Mailing Address
**202 SE DADE STREET
PO BOX 1130
MADISON, FL 32340 US**



01172006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0426732

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DUPUIS, BRUCE C
202 SE DADE STREET
MADISON, FL 32340**

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGR DUPUIS, BRUCE C 202 SE DADE STREET MADISON, FL 32340
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05/20/06-80063-006 50.00

**DO NOT WRITE
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

Bruce C. Dupuis 5-5-06 850-524-6194

Date

Daytime Phone #