


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90141 029 \*\*\*\*50.00

**DOCUMENT # L03000052910**

1. Entity Name  
**J & J FOOD STORE, LLC**



Principal Place of Business      Mailing Address  
**1832 HAMILTON AVENUE**      **1832 HAMILTON AVENUE**  
**JENNINGS FL 32053**              **JENNINGS FL 32053**

2. Principal Place of Business      3. Mailing Address  
*1832 Hamilton Ave.*              *1832 Hamilton Ave*  
 Suite, Apt. #, etc.                  Suite, Apt. #, etc.

City & State      City & State  
*Jennings Fl.*              *Jennings Fl.*

Zip      Country      Zip      Country  
*32053*      *United States*      *32053*      *United States*

4. FEI Number      Applied For  
*03-0534871*      Not Applicable

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



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent  
**PITTMAN, JEREMY J**  
**1832 HAMILTON AVENUE**  
**JENNINGS FL 32053**

7. Name and Address of New Registered Agent  
 Name *Jeremy J. Pittman*  
 Street Address (P.O. Box Number is Not Acceptable)  
*1832 Hamilton Ave.*  
 City *Jennings*      FL      Zip Code *32053*

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 *Jeremy J. Pittman*      *J+J Food Store, LLC.*      *2-24-04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>PITTMAN, JEREMY J</b> <b>1832 HAMILTON AVENUE</b> <b>JENNINGS FL 32053</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jeremy J. Pittman*      *2-24-04*      *(386) 938-8048*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #