


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 1832 HAMILTON AVENUE JENNINGS FL 32053	Mailing Address 1832 HAMILTON AVENUE JENNINGS FL 32053
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2. Principal Place of Business 1832 Hamilton Ave.	3. Mailing Address 1832 Hamilton Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jennings FL	City & State Jennings FL
Zip 32053	Country United States
Zip 32053	Country United States



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

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PITTMAN, JEREMY J 1832 HAMILTON AVENUE JENNINGS FL 32053 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	2-24-04 <small>Date</small>	(386) 938-8048 <small>Daytime Phone #</small>
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