

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90291 049 ****50.00

DOCUMENT # L03000053728

1. Entity Name

P.J.'S, L.L.C.



Principal Place of Business

9728 W SAMPLE RD
CORAL SPRINGS FL 33065

Mailing Address

9728 W SAMPLE RD
CORAL SPRINGS FL 33065

2. Principal Place of Business

5031 S State Rd 7

Suite, Apt. #, etc.

3. Mailing Address

5031 S State Rd 7

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

4. FEI Number

20-0532428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

MOORE

CR2E083 (11/03)



6. Name and Address of Current Registered Agent

MOFSEN, HOWARD J CPA
9728 W SAMPLE RD
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME KEELER, PHIL
STREET ADDRESS 9728 W SAMPLE RD
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE MGR ☐ Delete
NAME CARUSO, BEATRICE A
STREET ADDRESS 9728 W SAMPLE RD
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE MGR ☐ Delete
NAME HODES, RONALD S
STREET ADDRESS 9728 W SAMPLE RD
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE MGR ☐ Delete
NAME BURCH, KENNETH F
STREET ADDRESS 9728 W SAMPLE RD
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition
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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 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:

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

Date

Daytime Phone #