


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90365 045 ****50.00

DOCUMENT # <u>L04000013545</u>	
1. Entity Name <u>MFFJC, LLC</u>	

DO NOT WRITE IN THIS SPACE

14012906

2. Principal Place of Business <u>46 Penataguit Pl.</u>	3. Mailing Address <u>46 Penataguit Pl.</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>Huntington, N.Y.</u>	City & State <u>Huntington, N.Y.</u>	4. FEI Number <u>20-0740369</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>11743</u>	Country <u>U.S.A.</u>	Zip <u>11743</u>	Country <u>U.S.A.</u>

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Francis Vitale</u>
Street Address (P.O. Box Number is Not Acceptable) <u>3501 Wild Indigo</u>
City <u>Bonita Springs FL</u>
Zip Code <u>34134</u>

6. 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]
Signature, typed or printed name of registered agent and title if applicable

April 28 2005
DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MEMR</u> <u>Francis Vitale</u> <u>3501 Wild Indigo</u> <u>Bonita Springs, FL 34134</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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]

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

Date

Daytime Phone #

April 28 2005

CR2E083B (12/02)