

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000018900

1. Entity Name
DJM INVESTMENTS, L.L.C.



Principal Place of Business
21403 NE 18TH PLACE
NORTH MIAMI BEACH, FL 33179 US

Mailing Address
21403 NE 18TH PLACE
NORTH MIAMI BEACH, FL 33179 US



02052008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2431363

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUIZ, MIGUEL
21403 NE 18TH PLACE
NORTH MIAMI BEACH, FL 33179

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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000920731
05/14/08-80056-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME RUIZ, MIGUEL
STREET ADDRESS 21403 NE 18TH PLACE
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

TITLE MGRM
NAME RUIZ, DEANY
STREET ADDRESS 10300 WEST BAY HARBOR DR. #5B
CITY-ST-ZIP BAY HARBOR ISL., FL 33154

TITLE MGRM
NAME RUIZ, JOAQUIN
STREET ADDRESS 1021 VIA LINTERNA
CITY-ST-ZIP TUCSON, AZ 85718

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

MIGUEL RUIZ MGR 4/10/08 305-557-9358