

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90209 040 ****50.00

DOCUMENT # L04000034451

1. Entity Name

C.J.'S PROPERTIES, LLC



Principal Place of Business

~~1420 SW LEE STREET~~ *382 S.W. Lee Ave*
MADISON FL 32340

Mailing Address

382 SW LEE AVE.
MADISON FL 32340

2. Principal Place of Business - No P.O. Box #

382 S.W. Lee Ave

3. Mailing Address

382 S.W. Lee Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Madison, FL

Zip

Country

Zip

Country

32340

1st MOORE

CR2E083 (10/06)

4. FEI Number

30-0279970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HONEYWELL, CATHERINE J

~~1420 SW LEE STREET~~ *382 S.W. Lee Ave*

MADISON FL 32340

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
NAME: HONEYWELL, CATHERINE J
STREET ADDRESS: 382 S.W. LEE AVE.
CITY- ST- ZIP: MADISON FL 32340 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

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CITY- ST- ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: ☒ Change ☐ Addition
NAME: *MGRM Honeywell Catherine J*
STREET ADDRESS: *382 S.W. Lee Ave J*
CITY- ST- ZIP: *Madison, FL 32340*

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Catherine J. Honeywell*

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

Date

Telephone Phone #

3-3-07 (85) 973-2837