

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-28-2005 90038 008 ***150.00

DOCUMENT # L04000034525					
1. Entity Name J.C. & J.C. ENTERPRISES, L.L.C.					
Principal Place of Business 1200 RAVEN AVENUE MIAMI SRPINGS, FL 33166			Mailing Address 1200 RAVEN AVENUE MIAMI SRPINGS, FL 33166		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HERVIS, JUAN C 1200 RAVEN AVENUE MIAMI SRPINGS, FL 33166				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
9. 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 re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERVIS, JUAN C 1200 RAVEN AVENUE MIAMI SRPINGS, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERVIS, LOURDES 1200 RAVEN AVENUE MIAMI SRPINGS, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		4/25/05		(305) 326-0923	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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03142005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1105005** Applied For Not Applicable

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