2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State
04-07-2005 90089 036 ****50.00

DOCUMENT # L04000036790

1. Entity Name

MJM ASSOCIATES, LLC

Principal Place of Business	Mailing Address
721 ATLANTIC SHORES BLVD., STE. 103 HALLANDALE FL 33009	721 ATLANTIC SHORES BLVD., STE. 103 HALLANDALE FL 33009

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
721 Atlantic Shores Blvd	721 Atlantic Shores Blvd
Suite, Apt. #, etc. STE. 103	Suite, Apt. #, etc. Suite 103
City & State Hallandale FL.	City & State Hallandale, FL.
Zip 33009 Country Broward	Zip 33009 Country Broward

4. FEI Number 55-0869338 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MONACO, MARK J
721 ATLANTIC SHORES BLVD., STE. 103
HALLANDALE FL 33009

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, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee (Mark Monaco) ☐ Delete MJM ASSOCIATES LLC 721 Atlantic Shores Blvd #103 Hallandale FL. 33009	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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

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] 4/3/05 954-562-5766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Mark Monaco