

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90182 028 ***138.75

DOCUMENT # L04000050433

1. Entity Name
MMJC4 LLC



Principal Place of Business
1200 ROUTE 208
MONROE, NY 10960

Mailing Address
1200 ROUTE 208
MONROE, NY 10960

60022223



2. Principal Place of Business - No P.O. Box #
1200 Route 208
Suite, Apt. #, etc.

3. Mailing Address
1200 Route 208
Suite, Apt. #, etc.

03262008 Chg-LLC CR2E083 (12/06)

City & State
Monroe, NY

City & State
Monroe, NY

4. FEI Number
20-1395958

Applied For
Not Applicable

Zip **10950** Country **USA**

Zip **10950** Country **USA**

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

6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES INC.
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE, FL 32309

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 \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	TEICH, MARTIN	
STREET ADDRESS	1200 ROUTE 208	
CITY - ST - ZIP	MONROE, NY 10960	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	TEICH, MINDY	
STREET ADDRESS	1200 ROUTE 208	
CITY - ST - ZIP	MONROE, NY 10960	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	PIETSCH, JOHN	
STREET ADDRESS	1200 ROUTE 208	
CITY - ST - ZIP	MONROE, NY 10960	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	PIETSCH, CATHERINE	
STREET ADDRESS	1200 ROUTE 208	
CITY - ST - ZIP	MONROE, NY 10960	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	HEILWEIL, MILTON	
STREET ADDRESS	7963 SAILBOAT KEY BLVD	
CITY - ST - ZIP	SOUTH PASADENA, FL 33707	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	HEILWEIL, DEBORAH	
STREET ADDRESS	7963 SAILBOAT KEY BLVD	
CITY - ST - ZIP	SOUTH PASADENA, FL 33707	

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8 Amy Road	
STREET ADDRESS	Washingtonville, NY 10992	
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8 Amy Road	
STREET ADDRESS	Washingtonville, NY 10992	
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 Maple Avenue	
STREET ADDRESS	Monroe, NY 10950	
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 Maple Avenue	
STREET ADDRESS	Monroe, NY 10950	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-8-08