

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000050635

1. Entity Name
NAJECAM ENTERPRISES LLC



Principal Place of Business
3314 W. MULLEN AVENUE
TAMPA, FL 33609

Mailing Address
3314 W. MULLEN AVENUE
TAMPA, FL 33609



01062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2301634

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANNIS, MICHAEL D
3314 W. MULLEN AVENUE
TAMPA, FL 33609

**DO NOT WRITE
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

Filing Fee is \$50.00
Due by May 1, 2006

1100000381635
01/11/06-80061-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ANNIS, MICHAEL
STREET ADDRESS 3314 WEST MULLEN AVENUE
CITY-ST-ZIP TAMPA, FL 33609

TITLE MGRM
NAME GOODWIN, NATALIE C
STREET ADDRESS 3314 WEST MULLEN AVENUE
CITY-ST-ZIP TAMPA, FL 33609

TITLE MGRM
NAME ANNIS, JEFFREY S
STREET ADDRESS 3314 WEST MULLEN AVENUE
CITY-ST-ZIP TAMPA, FL 33609

TITLE MGRM
NAME ANNIS, CAROLINE E
STREET ADDRESS 3314 WEST MULLEN AVENUE
CITY-ST-ZIP TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 #

1-6-06 (83) 225-4182