

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000051728

1. Entity Name
JOHN JOSEPH ORTIZ, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 15 PM 12:48

Principal Place of Business
4330 W OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33313

Mailing Address
4330 W OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33313

2. Principal Place of Business - No P.O. Box #
5163 N.W. 5TH TERR.

3. Mailing Address
5163 N.W. 5TH TERR.

Suite, Apt. #, etc.
CORAL SPRINGS, FL
City & State
33067, BROWARD USA

Suite, Apt. #, etc.
CORAL SPRINGS, FL
City & State
33067, BROWARD USA



4. FEI Number
30-0290500

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ORTIZ, JOHN J
4330 W OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33313

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
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ORTIZ, JOHN J ☐ Delete
STREET ADDRESS 4330 W OAKLAND PARK BLVD
CITY-ST-ZIP LAUDERDALE LAKES, FL 33313

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

09/12/08 (954) 592-1837

Date

Daytime Phone #