

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90021 003 ****50.00

DOCUMENT # L04000056292

1. Entity Name
J N J SUPPLY COMPANY, L.L.C.



Principal Place of Business
**4500 N.E. DIXIE HIGHWAY U.S.#1
PALM BAY, FL 32905**

Mailing Address
**4500 N.E. DIXIE HIGHWAY U.S.#1
PALM BAY, FL 32905**

20035498



2. Principal Place of Business
922 - 36th Court SW

3. Mailing Address
922 - 36th Court SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222006 Chg-LLC CR2E083 (11/05)

City & State
Vero Beach FL

City & State
Vero Beach FL

4. FEI Number
20-1409351

Applied For
Not Applicable

Zip
32968

Country
US

Zip
32968

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE, GERARD J
76 ROYAL OAK DRIVE
SUITE 101
VERO BEACH, FL 32962**

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

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WHITE, GERARD J
76 ROYAL OAK DR., SUITE 101
VERO BEACH, FL 32962** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHAFFER, JOHN
76 ROYAL OAK DR., SUITE 101
VERO BEACH, FL 32962** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PODOLSKAYA, NATALIA
76 ROYAL OAK DR., SUITE 101
VERO BEACH, FL 32962** ☐ 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

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 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: **Gerard J. White MGRM** **4/22/06** **772-321-9233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #