
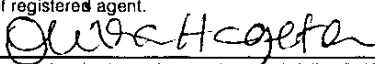
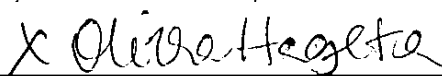


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90237 019 ***138.75

DOCUMENT # L04000072672			
1. Entity Name RJM ENTERPRISES, LLC			
Principal Place of Business 2317 BABBITT AVE. ORLANDO, FL 32833		Mailing Address 2317 BABBITT AVE. ORLANDO, FL 32833	
2. Principal Place of Business - No P.O. Box # 12323 Arlington Park LN		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. ← SAME	
City & State Orlando FL		City & State	
Zip 32824	Country US	Zip	Country
6. Name and Address of Current Registered Agent HAGETER, RICKY D 2317 BABBITT AVE. ORLANDO, FL 32833		7. Name and Address of New Registered Agent Name: OLIVIA O. HAGETER Street Address (P.O. Box Number is Not Acceptable) 12323 Arlington Park Ln City: Orlando FL Zip Code: 32824	
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAGETER, RICKY D 2317 BABBITT AVE. ORLANDO, FL 32833 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hageter, Jeffrey D 12323 Arlington Park Ln Orlando FL 32824-5848 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAGETER, SANDRA A 2317 BABBITT AVE. ORLANDO, FL 32833 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hageter, Olivia O 12323 Arlington Park Ln Orlando FL 32824-5848 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAGETER, JEFFREY D 5191 VINELAND RD ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAGETER, OLIVIA O 5191 VINELAND RD ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  OLIVIA HAGETERX 03/10/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

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02292008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1825013 Applied For Not Applicable

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