

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000027801 1. Entity Name PJ&F, LLC					
Principal Place of Business 2015 WESTOVER RESERVE BLVD. WINDERMERE FL 34786			Mailing Address 2015 WESTOVER RESERVE BLVD. WINDERMERE FL 34786		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-2552389 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				2nd MOORE CR2E083 (4/07)	
6. Name and Address of Current Registered Agent WYATT, PAULA 2015 WESTOVER RESERVE BLVD. WINDERMERE FL 34786				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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WYATT, JASON 2015 WESTOVER RESERVE BLVD. WINDERMERE FL 34786	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U000000769656 07/19/07-80011-002 50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WYATT, PAULA 2015 WESTOVER RESERVE BLVD. WINDERMERE FL 34786	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition	☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 7/17/07 Daytona Phone # 457617 6828		