


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90018 043 ****50.00

DOCUMENT # L05000037817

1. Entity Name
JL ENTERPRISES LLC



Principal Place of Business
345 NE 87 STREET
MIAMI, FL 33138

Mailing Address
345 NE 87 STREET
MIAMI, FL 33138

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

02202006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2692019

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LUNDI, JEANNETTE
345 NE 87 STREET
MIAMI, FL 33160

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.

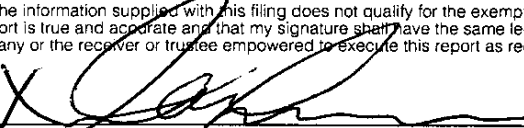
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 LUNDI, JEANNETTE 345 NE 87 STREET MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Daytime Phone #



ATTACHMENT
20022058

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

JL ENTERPRISES LLC
35 NE 87 STREET
EL PORTAL, FL 33138

SUBJECT: JL ENTERPRISES LLC
Ref. Number: L05000037817

We have received your document for JL ENTERPRISES LLC and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The fee to file the limited liability company annual report/uniform business report form is \$50. Please include an additional \$5 for each certificate of status requested.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 506A00011702

Your filing will be considered abandoned.

Please return your document, along with a copy of this letter, within 30 days or

We are enclosing the proper form(s) with instructions for your convenience.

Respectfully,

Matthew J. ...

Matthew J. ...