

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90039 039 ****50.00

DOCUMENT # L05000042207

1. Entity Name

ILJ, LLC



Principal Place of Business

2004 JOHNSON RD
IMMOKALEE FL 34142

Mailing Address

2004 JOHNSON RD
IMMOKALEE FL 34142

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

26-6434956

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITESMAN, GUY E
1715 MONROE ST
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name Douglas L. Johnson
Street Address (P.O. Box Number is Not Acceptable)
2004 Johnson Road
City Immokalee FL Zip Code 34142

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 of individual or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY ST ZIP
MGRM JOHNSON, INA L 2004 JOHNSON RD IMMOKALEE FL 34142 ☐ Delete

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☒ Addition
MGRM Douglas L. Johnson 2004 Johnson Road Immokalee, FL 34142

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition

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 Section 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 TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Ina L Johnson Ina L Johnson

1/30/07

(239)657-3191

Date

Daytime Phone #