

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L05000077557

1. Entity Name  
CJG HOLDINGS LLC



Principal Place of Business  
4319 CARROLLWOOD VILLAGE DR.  
TAMPA, FL 33618

Mailing Address  
4319 CARROLLWOOD VILLAGE DR.  
TAMPA, FL 33618



01212007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3390034

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GALVIS, THEDA A  
4319 CARROLLWOOD VILLAGE DR.  
TAMPA, FL, FL 33618

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME GALVIS, CAMILO J  
STREET ADDRESS 4319 CARROLLWOOD VILLAGE DR.  
CITY-ST-ZIP TAMPA, FL 33618

TITLE MGR  
NAME GALVIS, THEDA A  
STREET ADDRESS 4319 CARROLLWOOD VILLAGE DR.  
CITY-ST-ZIP TAMPA, FL 33618

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01/26/07-00033-016 50.00

**DO NOT WRITE  
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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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/21/07

813-220  
0080