

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90129 009 \*\*\*138.75

**DOCUMENT # L05000080231**

1. Entity Name  
CLJ, LLC



Principal Place of Business  
3625 HENDRICKS AVE.  
JACKSONVILLE, FL 32207

Mailing Address  
3625 HENDRICKS AVE.  
JACKSONVILLE, FL 32207

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

01232008 Chg-LLC CR2E083 (12/

4. FEI Number  
20-3308152

5. Certificate of Status Desired ☐ \$5.00  
Fee Re

6. Name and Address of Current Registered Agent

JONES, CATHERINE L  
3625 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip

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 the obligations of registered agent.

SIGNATURE

*Catherine L Jones*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

*Feb 11/08*

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$638.75**

**Make check payable**  
**Florida Department of**

9. MANAGING MEMBERS/MANAGERS

TITLE P ☐ Delete  
NAME JONES, CATHERINE L  
STREET ADDRESS 1334 PINETREE RD  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE P ☒ Cha ☐ Addi  
NAME Jones, Catherine L.  
STREET ADDRESS 1156 Lakewood Rd.  
CITY-ST-ZIP Jacksonville, FL 32207

TITLE ☐ Cha ☐ Addi  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Cha ☐ Addi  
NAME  
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CITY-ST-ZIP

TITLE ☐ Cha ☐ Addi  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**