

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Apr 30, 2008 08:00 AM
Secretary of State**DOCUMENT # L05000093057**1. Entity Name
GJCRJC, LLC

Principal Place of Business

250 2ND STREET EAST
STE 4F
BRADENTON, FL 34208 US

Mailing Address

250 2ND STREET EAST
STE 4F
BRADENTON, FL 34208 US

04232008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE4. FEI Number
20-3592004Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205-7734**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CHILDS, GEORGE J.M.D.
250 2ND STREET EAST, STE 4F
BRADENTON, FL 34208TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BARNES, RETHA J
250 2ND STREET EAST, STE 4F
BRADENTON, FL 34208TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**DO NOT WRITE
IN THIS SPACE**

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 #