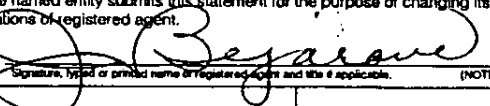
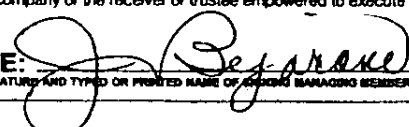


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/5/2006-90052-008-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:04

DOCUMENT # L05000093433					
1. Entity Name MEJ ENTERPRISES, LLC					
Principal Place of Business 6205 WHIMBRELWOOD DRIVE LITHIA, FL 33547			Mailing Address 6205 WHIMBRELWOOD DRIVE LITHIA, FL 33547		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3771352	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HINES, JAMES P JR. 315 SOUTH HYDE PARK AVENUE TAMPA, FL 33606			7. Name and Address of New Registered Agent Name Edward + Josephine Bejarano Street Address (P.O. Box Number is Not Acceptable) 6205 Whimbrelwood Dr City Lithia FL 33547		
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 replacing) DATE					
Filing Fee is \$50.00 Due by September 8, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Edward G. Bejarano Same as above			Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-President Josephine Bejarano Same as above			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	
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 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: 				Date 8/35/14 539	
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	