

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000099378

1. Entity Name

CJR SOLUTIONS, LLC



FILED

07 OCT 30 PM 12:10

SECRETARY OF STATE



Principal Place of Business

2400 SOUTH OCEAN DRIVE  
7453 CATERMERAN II  
FT. PIERCE FL 32949  
US

Mailing Address

N2188 CTH J  
KAUKANA WI 54130  
US

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

2nd MOORE

CR2E083 (4/07)

4. FEI Number

AP-PLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALFERI, JOHN  
2400 SOUTH OCEAN DRIVE  
7453 CATERMERAN II  
FT. PIERCE FL 32949

Name

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

City

FL

Zip Code

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME ALFERI, JOHN  
STREET ADDRESS N2188 CTH J  
CITY-ST-ZIP KAUKANA WI 54130

TITLE ☐ Change ☐ Addition  
NAME 700111505737  
STREET ADDRESS 10/30/07--01057--007 \*\*50.00  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME RATZ, RON  
STREET ADDRESS P.O. BOX 10623  
CITY-ST-ZIP GREEN BAY WI 54307

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

REINSTATEMENT

2007

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/20/07 772-713-6475