

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016908

Entity Name: MUSTIJAY LLC

FILED
Aug 19, 2008
Secretary of State

Current Principal Place of Business:

7471 NW 11TH PLACE
PLANTATION, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16613
PLANTATION, FL 333186613

New Mailing Address:

P.O. BOX 16613
PLANTATION, FL 33318 66

FEI Number: 20-4364515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSTIPHER, JOSEPH
2728 WOODRING DR.
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

MUSTIPHER, JOSEPH
7471 NW 11 PLACE
FT. LAUDERDALE, FL 33313 US

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.

SIGNATURE:

08/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MUSTIPHER, JOSEPH
Address: 7471 NW 11TH PLACE
City-St-Zip: PLANTATION, FL 33313 US

Title: MGRM () Delete
Name: MUSTIPHER, CONNIE K
Address: 2728 WOODRING DR.
City-St-Zip: CLEARWATER, FL 33759 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MUSTIPHER, JOSEPH
Address: 7471 NW 11TH PLACE
City-St-Zip: PLANTATION, FL 33313 US

Title: MR (X) Change () Addition
Name: MUSTIPHER, RAHMAN J
Address: 7471 NW 11TH PLACE
City-St-Zip: PLANTATION, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH MUSTIPHER

MGR

08/19/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date