

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026407

Entity Name: CJ DISASTER REPAIR LLC

FILED
Jul 02, 2007
Secretary of State

Current Principal Place of Business:

521 TRADEWINDS DR.
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

521 TRADEWINDS DR.
DELTONA, FL 32738

New Mailing Address:

FEI Number: 20-3173341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GRAW, JOY J MS.
521 TRADEWINDS DR.
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRAW, JOY J MS
Address: 521 TRADEWINDS
City-St-Zip: DELTONA, FL 32738 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GRAW, JOY J MS
Address: 521 TRADEWINDS
City-St-Zip: DELTONA, FL 32738 US

Title: MGR () Change (X) Addition
Name: SKIPPER, CLINT L
Address: 11690 HILLSIDE
City-St-Zip: IRVINGTON, AL 36544

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: JOY GRAW

MGR

07/02/2007

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