

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000046429

1. Entity Name
LR4J, LLC



Principal Place of Business

9380 BARADA STREET
CORAL GABLES, FL 33516

Mailing Address

9380 BARADA STREET
CORAL GABLES, FL 33516

BK

FILED
07 SEP -7 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FL 32304



2. Principal Place of Business - No P.O. Box #

9380 BARADA STREET

3. Mailing Address

9380 BARADA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09052007

Chg-LLC

CR2E083 (12/06)

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33516

Country

USA

Zip

33516

Country

USA

5. Certificate of Status Desired

☒ \$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

CARLINO, LAWRENCE
9380 BARADA STREET
CORAL GABLES, FL 33516

7. Name and Address of New Registered Agent

Name

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

9380 BARADA STREET

City

CORAL GABLES

FL

Zip Code

33516

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

Laurence Carlino

(NOTE: Registered Agent signature required when reinstating)

9/5/07

Signature, typed or printed name of registered agent and title if applicable

DATE

Filing Fee is \$50.00
Due by September 14, 2007

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME CARLINO, LAWRENCE
STREET ADDRESS 9380 BARADA STREET
CITY-ST-ZIP CORAL GABLES, FL 33516

☐ Delete

TITLE MGRM
NAME CARLINO, ROBERT
STREET ADDRESS 9380 BARADA STREET
CITY-ST-ZIP CORAL GABLES, FL 33516

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

000109266720
09/12/07--01025--010 **55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

Laurence Carlino

9/5/07

239-777-7589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #