2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

7/24/2007-90011-019-$50.00-$50.00
7. SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 PM 2:28

DOCUMENT # L06000050429

1. Entity Name
CMJ SERVICES LLC

Principal Place of Business	Mailing Address
1857 ATWOOD DR APT 91 PENSACOLA FL 32514	1857 ATWOOD DR APT 91 PENSACOLA FL 32514

2nd MOORE CR2E083 (4/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1857 ATWOOD DR	1857 ATWOOD DR
Suite, Apt. #, etc. #25	Suite, Apt. #, etc. #25
City & State PENSACOLA FL	City & State PENSACOLA FL
Zip 32514 Country	Zip 32514 Country

4. FEI Number 204869467 ☐ 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
JACKSON, CLINTON 1857 ATWOOD DR APT 91 PENSACOLA FL 32514	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	TITLE		☐ Change ☐ Addition
NAME	JACKSON, CLINTON		NAME		
STREET ADDRESS	1857 ATWOOD DR APT 91		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32514		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Clint Jackson 7-17-07 (850) 698-2779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

WDP 2007

BLT