

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


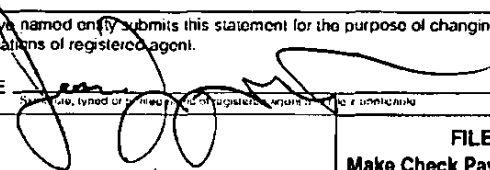
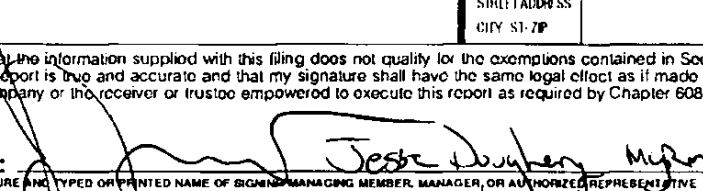
FILED
Apr 02, 2007 8:00 am
Secretary of State

02-22-2007 90279 021 ****50.00

30003750



1st MOORE CR2E083 (10/06)

| | | | | | |
|--|--------------------------------------|---|---|---|--|
| DOCUMENT # L06000078668 1. Entity Name J&J NATIONWIDE ENTERPRISES, LLC | | | |  | |
| Principal Place of Business 3151 SAN MATEO ST CLEARWATER FL 33759 | | Mailing Address 3151 SAN MATEO ST CLEARWATER FL 33759 | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 4. FEI Number 20-4522927 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent DOUGHERTY, JESSE 3151 SAN MATEO ST CLEARWATER FL 33759 | | | | 7. Name and Address of New Registered Agent | |
| | | | | 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 | |  | | 2/7/07 | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | JESSE, DOUGHERTY | NAME | | | |
| STREET ADDRESS | 3151 SAN MATEO ST | STREET ADDRESS | | | |
| CITY- ST- ZIP | CLEARWATER FL 33759 | CITY- ST- ZIP | | | |
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | JENNIFER, DOUGHERTY | NAME | | | |
| STREET ADDRESS | 3151 SAN MATEO | STREET ADDRESS | | | |
| CITY- ST- ZIP | CLEARWATER FL 33759 | CITY- ST- ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY- ST- ZIP | | CITY- ST- ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY- ST- ZIP | | CITY- ST- ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY- ST- ZIP | | CITY- ST- ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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 Section 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: | |  | | 2-7-07 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Jesse Dougherty Mgrm | | Date | |