

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90037 018 ****50.00

DOCUMENT # L06000081174

1. Entity Name
CJS REAL ESTATE CONSULTING & MANAGEMENT, LLC



Principal Place of Business
**30400 ANNABALE DRIVE
WESLEY CHAPEL, FL 33544**

Mailing Address
**30400 ANNABALE DRIVE
WESLEY CHAPEL, FL 33544**

60030682



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

30400 ANNABALE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

30400 ANNABALE DRIVE

Suite, Apt. #, etc.

03182007 Chg-LLC CR2E083 (12/06)

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4344748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SKOLNIK, CHARLES J
30400 ANNABALE DRIVE
WESLEY CHAPEL, FL 33544**

7. Name and Address of New Registered Agent

Name

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

30400 ANNABALE DRIVE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SKOLNIK, CHARLES J
30400 ANNABALE DRIVE
WESLEY CHAPEL, FL 33544** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ 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: *Charles J. Skolnik* **CHARLES J. SKOLNIK MGR.**

3/27/07

813-469-7106

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

Date

Daytime Phone #