

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101958

Entity Name: SJR, LLC

FILED
Jan 14, 2008
Secretary of State

Current Principal Place of Business:

499 N.W. PRIMA VISTA BLVD., #107
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

499 N.W. PRIMA VISTA BLVD., #107
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 20-1048326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANKIN, SEAN
ALL SMILES DENTISTRY
499 NW PRIME VISTA BLVD #107
PORT SAINT LUCIE, FL 34983 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: P () Delete
Name: RANKIN, SEAN
Address: 2899 ITALY ST
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T () Delete
Name: RANKIN, LISA
Address: 2899 ITALY ST
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SEAN R RANKIN

DR

01/14/2008

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