

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119640

Entity Name: JJHD LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

5201 BLUE LAGOON DR.
SUITES 831
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5201 BLUE LAGOON DR.
SUITES 831
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-8070675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RNOH, JAESEUNG
18157 NW 89TH PLACE
HIALEAH
FL, FL 33018 US

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: MGR () Delete
Name: RNOH, JAESEUNG
Address: 18157 NW 89TH PLACE
City-St-Zip: HIALEAH, FL 33018

Title: MGRM () Delete
Name: RNOH, JIHYOUN
Address: 18157 NW 89TH PL
City-St-Zip: HIALEAH, FL 33018

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: OH, SOOK WON
Address: 4878 BELFIELD DR.
City-St-Zip: DUBLIN, OH 43016

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: JAESEUNG RNOH

MGRM

05/01/2009

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