

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054829

Entity Name: LSMJ, LLC

FILED
May 30, 2008
Secretary of State

Current Principal Place of Business:

2257 TWELVE OAKS WAY SUITE 103
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

2257 TWELVE OAKS WAY
104
WESLEY CHAPEL, FL 33543

Current Mailing Address:

2257 TWELVE OAKS WAY SUITE 103
WESLEY CHAPEL, FL 33543

New Mailing Address:

2257 TWELVE OAKS WAY
104
WESLEY CHAPEL, FL 33543

FEI Number: FEI Number Applied For (X) 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:

LEWIS, MATTHEW
2257 TWELVE OAKS WAY SUITE 103
WESLEY CHAPEL, FL 33543 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: MGRM () Delete
Name: LEWIS, MATTHEW
Address: 2257 TWELVE OAKS WAY SUITE 103
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: MGRM () Delete
Name: STEPANEK, JOHN
Address: 2257 TWELVE OAKS WAY SUITE 103
City-St-Zip: WESLEY CHAPEL, FL 33543

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: JOHN P STEPANEK

VP

05/30/2008

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