


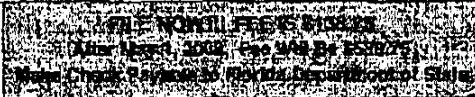
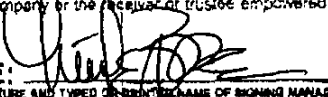
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MARLEY

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED Jun 09, 2008 8:00 am Secretary of State

05-07-2008 90014 050 ***138.75

DOCUMENT # L07000057088			
1. Entity Name NJJ, LLC			
Principal Place of Business 1768 COLONIAL DRIVE CORAL SPRINGS FL 33071 US		Mailing Address 1768 COLONIAL DRIVE CORAL SPRINGS FL 33071 US	
2. Principal Place of Business - No P.O. Box #		2. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
3. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A-100 TAMPA FL 33612-3425		4. Fil Number 26-0327442	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name DANIEL BARR E.A.	
		Street Address (P.O. Box number is Not Acceptable) 14301 W. SUNRISE BLVD.	
		City SUNRISE	
		State FL	
		Zip Code 33323	
8. The LLC 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when amending)</small>			
			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRECHER, NICOLE 1768 COLONIAL DRIVE CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARLEY, JULIE 1768 COLONIAL DRIVE CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LIEBERMAN, JAMIE 1768 COLONIAL DRIVE CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 trustee or trustee empowered to execute this report as required by Chapter 898, Florida Statutes.			
SIGNATURE: 		Date: 5/30/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE NICOLE BRECHER		Typed Name: 954-494-3959	