

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000067023

1. Entity Name  
SJBDGTRAINING.COM LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP 19 AM 11:07

Principal Place of Business  
4351 NW 59TH ST  
FT LAUDERDALE, FL 33319

Mailing Address  
4351 NW 59TH ST  
FT LAUDERDALE, FL 33319

2. Principal Place of Business - No P.O. Box #  
4351 NW 59TH ST  
Suite, Apt. #, etc.

3. Mailing Address  
4351 NW 59TH ST  
Suite, Apt. #, etc.



07052008 Chg-LLC CR2E083 (12/06)

City & State  
Ft. Lauderdale, FL

City & State  
Ft. Land, FL

4. FEI Number ☒ Applied For  
Not Applicable

Zip Country  
33319 USA

Zip Country  
33319 USA

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, SHERYL  
4351 NW 59TH ST  
FT LAUDERDALE, FL 33319

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

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME BROWN, SHERYL  
STREET ADDRESS 4351 NW 59TH ST  
CITY-ST-ZIP FT LAUDERDALE, FL 33319

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME 700136267037  
STREET ADDRESS 09/23/08--01048--001 \*\*\$138.75  
CITY-ST-ZIP

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

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

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

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:

*[Signature]*

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

Date

Daytime Phone #