

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-09-2008 90124 042 ***277.50

DOCUMENT # L07000100069 1. Entity Name NJJM, LLC.																											
Principal Place of Business 2719 124TH AVENUE EAST PARRISH, FL 34219 US		Mailing Address P.O. BOX 639 ELLENTON, FL 34222 US																									
2. Principal Place of Business - No P.O. Box # 1219 3rd St. Drive East		3. Mailing Address Suite, Apt. #, etc.																									
City & State Palmetto, FL		City & State Suite, Apt. #, etc.																									
Zip 34221	Country Manatee	03282008 Chg-LLC CR2E083 (12/06)																									
4. FEI Number 061-1541201		Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent MENEELY, NANCY J 2719 124TH AVENUE EAST PARRISH, FL 34219																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1219 3rd St. Drive East City Palmetto FL Zip Code 34221		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 <u>NANCY J. MENEELY</u> <u>Nancy J. Meneely</u> <u>4/7/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE																									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MENEELY, NANCY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 639</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ELLENTON, FL 34222</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	MENEELY, NANCY		STREET ADDRESS	P.O. BOX 639		CITY - ST - ZIP	ELLENTON, FL 34222		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <u>Nancy J. Meneely</u> <u>NANCY J. MENEELY</u> <u>4/7/08</u> <u>941-400-4652</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																											

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