

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106210

Entity Name: JAJI'S, LLC

FILED
Feb 16, 2009
Secretary of State

Current Principal Place of Business:

3222 S. US HWY 1
FORT PIERCE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

45350 15TH AVE.
BLOOMINGDALE, MI 49026 US

New Mailing Address:

POST OFFICE BOX 27
NAZERETH, MI 49074 US

FEI Number: 68-0659797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHANN, BRENT
1586 SW BAYSHORE BLVD.
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

SHANN, BRETT
1586 SW BAYSHORE BLVD.
PORT ST. LUCIE, FL 34983 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: BRETT SHANN

02/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: DAVIS, DIEDRE
Address: 45350 15TH AVE.
City-St-Zip: BLOOMINGDALE, MI 49026 US

Title: VP (X) Delete
Name: DAVIS, LAILA E
Address: 4153 13TH ST.
City-St-Zip: ECORSE, MI 48229

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: LOVE, DIEDRE D
Address: POST OFFICE BOX 27
City-St-Zip: NAZERETH, MI 49074 US

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: BRETT SHANN

RA

02/16/2009

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