

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000009080

Entity Name: J.J.U. ENTERPRISES LLC

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

152 TENNESSEE AVE NE  
SAINT PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

152 TENNESSEE AVE NE  
SAINT PETERSBURG, FL 33702

**New Mailing Address:**

FEI Number: 90-0439812

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

UNGER, JASON J  
152 TENNESSEE AVE NE  
SAINT PETERSBURG, FL 33702 US

**Name and Address of New Registered Agent:**

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: MGR  
Name: UNGER, JASON J  
Address: 152 TENNESSEE AVE NE  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: MGRM  
Name: UNGER, MOJEH  
Address: 152 TENNESSEE AVE NE  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: MGRM  
Name: UNGER, RON  
Address: 152 TENNESSEE AVE NE  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: MGRM  
Name: UNGER, CHRISTINE  
Address: 152 TENNESSEE AVE NE  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: MGRM  
Name: UNGER, SAVANNA  
Address: 152 TENNESSEE AVE NE  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: MGRM  
Name: UNGER, ASHLEY  
Address: 152 TENNESSEE AVE NE  
City-St-Zip: SAINT PETERSBURG, FL 33702

I hereby 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: JASON UNGER

MGR

01/05/2012

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