

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000103894

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**Entity Name:** E & J TRADITIONAL SERVICES, LLC

**Current Principal Place of Business:**

1391 NW ST. LUCIE WEST BOULEVARD  
SUITE #178  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

1391 NW ST. LUCIE WEST BOULEVARD  
SUITE #178  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 27-1208226

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROWLEY, EUGENE C  
4380 CHRISTENSEN ROAD  
FORT PIERCE, FL 34981 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:** PRES  
**Name:** ROWLEY, EUGENE C  
**Address:** 4380 CHRISTENSEN ROAD  
**City-St-Zip:** FORT PIERCE, FL 34981

**Title:** VP  
**Name:** ROWLEY, JANE E  
**Address:** 4380 CHRISTENSEN RD  
**City-St-Zip:** FORT PIERCE, FL 34981 US

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:** EUGENE C ROWLEY

PRES

02/02/2012

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