

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT

2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 MAY -5 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$50.00 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L95000000671

JANASA TRADING LC
7525 WEST 20 AVENUE
HALEAH, FL 33014

1a. Principal Place of Business Address

7525 WEST 20 AVENUE
HALEAH, FL. 33014

2. Principal Place of Business

7525 WEST 20 AVENUE

Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

3. Date Organized or Qualified

8/29/1995

3a. State of Formation

FL.

City & State

HALEAH, FL.

City & State

4. FEI Number

65-0622312

☐ Applied For

☐ Not Applicable

Zip

33014

Country

U.S.A.

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

LEDERMAN, MAX J
7525 WEST 20 AVENUE
HALEAH, FL. 33014.

8. Name and Address of New Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MEM

LEDERMAN, MAX J.

7525 WEST 20 AVENUE

HALEAH, FL. 33014.

800003274638-2

-06/02/00-01043-012

*******50.00 *****50.00**

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-30-00 (305) 826-9971