

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90965 016 \*\*\*\*50.00

**DOCUMENT #** L99000002500 ✓

1. Entity Name

B. J. Investment, L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3501 North Alcaniz

3. Mailing Address  
3501 North Alcaniz

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Pensacola, FL

City & State  
Pensacola, FL

4. FEI Number  
59-3567891

Applied For  
Not Applicable

Zip  
32503

Country  
U.S.A.

Zip  
32503

Country  
U.S.A.

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**7. Name and Address of Current Registered Agent**

Name  
Rozzelle, Johnny

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

3501 North Alcaniz

City **Pensacola** **FL** Zip Code **32503**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
M.  
Rozzelle, Johnny  
3501 North Alcaniz  
Pensacola, FL 32503

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
M.  
Rozzelle, Betty A.  
3501 North Alcaniz  
Pensacola, FL 32503

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I 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 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

*Betty Ann Rozzelle* **Betty Ann Rozzelle 3-25-02 850-134-0000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)