

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000002500

1. Entity Name

B.J. INVESTMENT, L.L.C.



Principal Place of Business

3501 NORTH ALCANIZ  
PENSACOLA, FL 32503

Mailing Address

3501 NORTH ALCANIZ  
PENSACOLA, FL 32503



01302007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3567891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROZZELLE, JOHNNY  
3501 NORTH ALCANIZ  
PENSACOLA, FL 32503

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

U00000627982  
02/15/07-80083-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	M
NAME	ROZZELLE, JOHNNY
STREET ADDRESS	3501 NORTH ALCANIZ
CITY-ST-ZIP	PENSACOLA, FL
TITLE	M
NAME	ROZZELLE, BETTY A
STREET ADDRESS	3501 NORTH ALCANIZ
CITY-ST-ZIP	PENSACOLA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 exemptions contained in Chapter 119, 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

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

Date

Daytime Phone #