2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2003 8:00 am Secretary of State

DOCUMENT # L9900007677 1. Entity Name MJM, LLC					05-05-2003 9	90089 003 **	***50.00	
Principal Place of Business Mailing Address					•	•		
2513 EAGLE RUN DRIVE 2513 EAGLE RUN DRIVE WESTON FL 33327 WESTON FL 33327					NDIF DIE SUNT SELIE DESS DESSI ESIS ES	isia edeli (Cala C istic c	naki maji rête	
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address		1971 1971 1971 1971 1971 1971 1971 1971 1971 1971 1971 1971 1971 1971 1971 1971 1981 1981 1981 1981 1981 1981 1981 1981 1981 1981 1981 1981 1981 1981 1981 1981			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	the state of sections were the sections		CHECK HERE IF MAK			
City & State		City & State			mber 65-0987648	No	oplied For of Applicable	<u> </u>
Zip Country		Zip			5. Certificate of Status Desired S. S. O Additional Fee Required			
	6. Name and Addres	ss of Current Registered Agent	7. Name s	7. Name and Address of New Registered Agent				
DIAMOND, BARRY A ESO. 9728 WEST SAMPLE ROAD CORAL SPRINGS FL 33065				Street Address (P.O. Box Number is Not Acceptable)				
101	nar orningo er sout))						7
			City	<u> </u>		FL Zip Code		
		s statement for the purpose of changing its	registered offic	ce or registered agent, or i	ooth, in the State of Florida. I	am familiar with,	and accept	7
the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithm requ					DA	TE.		_
FILE NOW!!				- •]
l l			e to Florida By May 1,:	Department of State		**		}
9.	MANA	GING MEMBERS/MANAGERS	10.		ADDITIONS/CHANG	3ES		-
TITLE	MGR	Delete	TITLE	1	20011010101010	☐ Change	☐ Addition	∮ §
NAME STREET ADDRESS	Pizza Jak, INC. 2513 Eagle Run D	DR/E	NAME STREET ADDR	Fee				CR2E083 (10/02)
CITY-ST-ZIP	WESTON FL 33327	, AMAC	CITY-ST-ZIP					8
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TITLE NAME		☐ Delete	TITLE			☐ Change	- Addition	1
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TITLE		☐ Delete	TITLE	1		Change	Addition	1
NAME STREET ADDRESS		12	NAME STREET ADORS	ss)				
CITY-ST-ZIP			CITY-ST-ZIP]
11. I hereby certify that the information supplied with this filling 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 in TUs and accurate and that my styristure shall have the same legal effect as if made under certify that I am a managing member or manager of the limited liability company or the receiver or trustee impowered to execute this report as required by Chapter 608. Florida Statutes.								
SIGNATURE SEQUIRED 4/1/03 974-385852								