

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M00Q00000626

1. Entity Name  
J & C FOX FAMILY, LLC



Principal Place of Business  
JOEL S. FOX  
4220 N.E. 25TH AVE.  
FORT LAUDERDALE, FL 33308-5707

Mailing Address  
JOEL S. FOX  
4220 N.E. 25TH AVE.  
FORT LAUDERDALE, FL 33308-5707



01112004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0996911

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

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

FOX, JOEL S  
4220 N.E. 25TH AVE.  
FT. LAUDERDALE, FL 33308-5707

**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. 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 reappointing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRES  
FOX, JOEL S  
4220 S.W. 25TH AVE.  
FORT LAUDERDALE, FL 333085707

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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000000011553  
01/23/04-80042-006 50.00

**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.

*CAM-112 FOX*  
**SIGNATURE:** *Camille Fox*

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

*1/19/04 954-5650497*  
Date Daytime Phone #