

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90037 011 ****50.00

DOCUMENT # M01000002361

1. Entity Name
DJ CONSTRUCTION, LLC



Principal Place of Business
**29C SUBYARD
P.O. BOX 797
BLUFFTON SC 29910**

Mailing Address
**29C SUBYARD
P.O. BOX 797
BLUFFTON SC 29910**



2. Principal Place of Business

7001 Chatham Center Dr.

Suite, Apt. #, etc.
Suite 2400

City & State
Savannah, GA

Zip Country
31401 USA

3. Mailing Address

7001 Chatham Center Dr

Suite, Apt. #, etc.
Suite 2400

City & State
Savannah, GA

Zip Country
31401 USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2445836**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AKOOKA, RUBI
2686 PINE SHADOW LANE
CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

\$0.00

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
JENKINS, MICHAEL L
STREET ADDRESS
227 PINE DRIVE
CITY-ST-ZIP
RINCON GA 31326

TITLE NAME ☐ Delete
DAVIS, DAVID B
STREET ADDRESS
#3 GHOST PONY ROAD
CITY-ST-ZIP
BLUFFTON SC 29910

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
Jenkins, Michael L.
STREET ADDRESS
227 Pine Drive
CITY-ST-ZIP
Rincon, GA 31326

TITLE NAME ☒ Change ☐ Addition
Davis, David B.
STREET ADDRESS
#5 Ghost Pony Road
CITY-ST-ZIP
Bluffton, SC 29910

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: David Benny Davis
SIGNATURE REQUIRED

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

8/26/03 912-231-0442

Date

Daytime Phone #

CR2E083 (4/03)