

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2003 8:00 am
Secretary of State

08-20-2003 90031 003 ****50.00

DOCUMENT # M02000000149

1. Entity Name
MJL LLC



Principal Place of Business
**98 W. JEFFERSON STREET
C/O STEPHEN HUDDLESTON
FRANKLIN IN 46131**

Mailing Address
**98 W. JEFFERSON STREET
C/O STEPHEN HUDDLESTON
FRANKLIN IN 46131**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2664350**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FLAHERTY, MICHAEL
4820 SHERRY LANE
FORT MYERS FL 33908**

7. Name and Address of New Registered Agent

Name

Flaherty, Michael

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

15065 McGregor Blvd #102

City

Ft. Myers

FL

Zip Code

33908

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**FLAHERTY, MICHAEL
4820 SHERRY LANE
FT. MYERS FL 33908**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
Flaherty, Michael
15065 McGregor Blvd #102
Fort Myers, FL 33908**

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

SIGNATURE REQUIRED

Michael J. Flaherty 8-17-03

239-466-5991

CP2E083 (4/03)