

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 07, 2007 08:00 AM  
Secretary of State

DOCUMENT # M06000003443

1. Entity Name  
PJAM GROUP, LLC



Principal Place of Business

25911 HICKORY BLVD., STE. 2  
BONITA SPRINGS, FL 34134

Mailing Address

25911 HICKORY BLVD., STE. 2  
BONITA SPRINGS, FL 34134



02012007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-4961796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MEINERS, LOUIS M JR.  
3073 HORSESHOE DRIVE SOUTH, STE. 210  
NAPLES, FL 34104

**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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SHERMAN, DENNIS  
25911 HICKORY BLVD., STE. 2  
BONITA SPRINGS, FL 34134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SHERMAN, JENNA  
25911 HICKORY BLVD., STE. 2  
BONITA SPRINGS, FL 34134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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02/15/07-80006-023 50.00

**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 #

Jenna Sherman Jenna Sherman 2/2/07 239-495-3758