## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M9700000623

Entity Name

## JB JOHNSON ENTERPRISES LLC



FILED Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90046 034 \*\*\*\*50.00

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Principal Plac	e of Business	Mailing Address	Mailing Address							
18082 JAQUAD CT. LAKEVILLE MN 55044		18082 JAQUAD CT. LAKEVILLE MN 55044								
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2. Principal Place of Business		3. Washing Address	o. Walling Addition							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State	City & State		4. FEI Number 41-1876127				oplied For ot Applicable	-
Zip	Country	Zip Cour		īV					5.00 Additional	
£.b					5. Certificate of Status Desired Fee Re					
	6. Name and Address of Current	Registered Agent		Nomo	7. Name and Ac	dress of New Rec	gistered Ag			1
F & L CORP. 200 Laura Street Jacksonville FL 32202-3527		ر الله الاستان الله الاستان الله الاستان الله الاستان الله الله الله الله الله الله الله ال	.~	Name	يامين ديو مي <sub>ن د</sub> ينيون ا	enert to temporary temporary		·	•. •	
				Street Address	ress (P.O. Box Number is Not Acceptable)					1
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				City				Zip Cod	e	1
				•			FL	·		1
	named entity submits this statement fi	or the purpose of changing its	s registere	d office or registe	ered agent, or both, i	n the State of Florid صح	da. I am far	niliar with,	and accept	
•	and of regions as again.					<b>N</b> <sub>eq</sub>			-	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	FE: Registered	Agent signature require	d when reinstating)		DATE			1
		FILE N	OW!!! F	EE IS \$50.00						ļ
		Make Check Payab		_	ent of State	•				
		Du	e By Ma	iý 1, 2003						
9.	MANAGING MEMB		<del></del>		سيدرمها والموفديييور	ADDITIONS/C			- Addition	1 8
TITLE NAME	MGR JOHNSON, ROCHELLE	Delete	TITLE				Ļ	Change	☐ Addition	3
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. 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 mystee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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