

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066535

Entity Name: E & J ASSOCIATES LLC**Current Principal Place of Business:**5513 COVE CIRCLE
NAPLES, FL 34119**Current Mailing Address:**5513 COVE CIRCLE
NAPLES, FL 34119**FEI Number:** 34-2015134**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PAVIA, ALFRED
3776 NW 9TH STREET
NAPLES
DELRAY BEACH, FL 33445 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	BISOGNO, JODI M
Address	5513 COVE CIRCLE
City-State-Zip:	NAPLES FL 34119

Title	MGRM
Name	BISOGNO, ELLEN J
Address	5513 COVE CIRCLE
City-State-Zip:	NAPLES FL 34119

Title	MGRM
Name	FEARLESS FEMINIST
Address	5513 COVE CIRCLE
City-State-Zip:	NAPLES FL 34119

Title	AUTHORIZED MEMBER
Name	JMB TRAINING ASSOCIATES
Address	5513 COVE CIRCLE
City-State-Zip:	NAPLES FL 34119

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JODI BISOGNO

MANGER

03/25/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date