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Detail by Entity Name

Florida Limited Liability Company CJ CONTRACTING, LLC

Filing Information

Document Number

L08000106857

FEI/EIN Number

26-3730772

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State

FL

Status

ACTIVE

Principal Address

11924 Forest Hill Blvd

Suite10A-267

Wellington, FL 33414

Changed: 04/29/2015

Mailing Address

11924 Forest Hill Blvd

Suite 10A-267

Wellington, FL 33414

Changed: 04/29/2015

Registered Agent Name & Address

FLEURY, CARL

11924 Forest Hill Blvd

Suite 10A-267

Wellington, FL 33414

Address Changed: 04/29/2015

Authorized Person(s) Detail

Name & Address

Title MGR

FLEURY, CARL

11924 Forest Hill Blvd

Suite 10A-267

Wellington, FL 33414

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106857

Entity Name: CJ CONTRACTING, LLC

Current Principal Place of Business:

11924 FOREST HILL BLVD SUITE10A-267

WELLINGTON, FL 33414

Current Mailing Address:

11924 FOREST HILL BLVD SUITE 10A-267 WELLINGTON, FL 33414 US

FEI Number: 26-3730772

Certificate of Status Desired: Yes

FILED Jan 04, 2017

Secretary of State

CC2172517564

Name and Address of Current Registered Agent:

FLEURY, CARL 11924 FOREST HILL BLVD SUITE 10A-267 WELLINGTON, FL 33414 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

MGR

Name

FLEURY, CARL

Address

11924 FOREST HILL BLVD

SUITE 10A-267

City-State-Zip: WELLINGTON FL 33414

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: CARL FLEURY

MGR

01/04/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date