

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000018668

1. Entity Name
TJM, LLC



Principal Place of Business
225 3RD STREET NORTH
ST. PETERSBURG, FL 33701

Mailing Address
225 3RD STREET NORTH
ST. PETERSBURG, FL 33701



06232004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0564126

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTELLANO, NELSON T
101 EAST KENNEDY BLVD.
SUITE 2700
TAMPA, FL 33601

**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 reappointing)

DATE _____

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME MCCARTNY, TENESSEE J
STREET ADDRESS 225 34 ST N
CITY - ST - ZIP SAINT PETERSBURG, FL 33701

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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06/28/04-80001-003 50.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

6/25/04

Date

727-822-9102

Daytime Phone #