

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # L03000027950

1. Entity Name
TIC 3402, LLC



Principal Place of Business
505 SOUTH FLAGLER DRIVE
SUITE 1010
PALM BEACH, FL 33401

Mailing Address
P. O. BOX 85
WEST PALM BEACH, FL 33402



02072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0124541

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SCOTT A
505 S. FLAGLER DRIVE, SUITE 1010
WEST PALM BEACH, FL 33401

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000250968
03/25/08-00020-006 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JOHNSON, RICHARD S
STREET ADDRESS	P.O. BOX 85
CITY-ST-ZIP	WEST PALM BEACH, FL 33402
TITLE	MGE
NAME	JOHNSON, RICHARD S JR.
STREET ADDRESS	P. O. BOX 85
CITY-ST-ZIP	WEST PALM BEACH, FL 33402
TITLE	MGR
NAME	JOHNSON, SCOTT A
STREET ADDRESS	P. O. BOX 85
CITY-ST-ZIP	WEST PALM BEACH, FL 33402
TITLE	MGR
NAME	KOENIG, PATRICK C
STREET ADDRESS	P. O. BOX 85
CITY-ST-ZIP	WEST PALM BEACH, FL 33402
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

2/29/08

Date

Daytime Phone # _____