

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90033 025 ****50.00

DOCUMENT # **L0000007279**

1. Entity Name

TAJ, LLC

DO NOT WRITE IN THIS SPACE

845777

2. Principal Place of Business

8084 N DAVIS HWY

3. Mailing Address

8084 N. DAVIS HWY

Suite, Apt. #, etc.

E3

Suite, Apt. #, etc.

PHB-192

DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA FL.

City & State

PENSACOLA FL. 325

4. FEI Number

59-365442-6

Applied For

Not Applicable

32514

USA

32514

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Patricia A. Kendall**

Street Address (P.O. Box Number is Not Acceptable) **7171 N 9th Ave. #D-7**

City **PENSACOLA**

FL

Zip Code

32504

**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.

SIGNATURE

Patricia A. Kendall

April 16, 2002

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE **OWNER/PRESIDENT**
NAME **PATRICIA A. KENDALL**
STREET ADDRESS **7171 N 9th Ave**
CITY-ST-ZIP **PENSACOLA FL. 32504**

TITLE **V.P. Secretary**
NAME **ARTHUR P. WITT**
STREET ADDRESS **8084 N DAVIS HWY**
CITY-ST-ZIP **PENSACOLA FL. 32514**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Patricia A. Kendall

April 16, 2002 (850) 476-6603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)

**DO NOT WRITE
IN THIS SPACE**