

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000010513

Entity Name: T.A.J. L.L.C.

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4801 S. UNIVERSITY DR, SUITE 209A  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 820066  
SOUTH FLORIDA, FL 33082

**New Mailing Address:**

FEI Number: 20-2219966

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAYLOR, TENESHIA  
4801 S. UNIVERSITY DRIVE  
209A  
DAVIE, FL 33328 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TAYLOR, ANN  
Address: PO BOX 820066  
City-St-Zip: SOUTH FLORIDA, FL 330820066

Title: MGRM  
Name: TAYLOR, TENESHIA  
Address: PO BOX 820066  
City-St-Zip: SOUTH FLORIDA, FL 330820066

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: TENESHIA TAYLOR

MGRM

03/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date