

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003086

1. Entity Name

TJF, LLC

Principal Place of Business

1610 TENNESSEE AVENUE
LYNN HAVEN FL 32444

Mailing Address

1610 TENNESSEE AVENUE
LYNN HAVEN FL 32444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

TILLMAN, FRANK A
1610 TENNESSEE AVENUE
LYNN HAVEN FL 32444

4. FEI Number

59-3722212

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Jean F. Tillman

Street Address (P.O. Box Number is Not Acceptable)

1610 Tennessee Avenue

City

Lynn Haven

FL

Zip Code
32444

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

J. J. J.

04/03/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME TILLMAN, FRANK A
STREET ADDRESS 1610 TENNESSEE AVENUE
CITY-ST-ZIP LYNN HAVEN FL 32444 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE MGR
NAME Jean F. Tillman
STREET ADDRESS 1610 Tennessee Avenue
CITY-ST-ZIP Lynn Haven, FL 32444 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

J. J. J.

04/03/02

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

Date

Daytime Phone #

FILED
May 24, 2002 8:00 am
Secretary of State

04-16-2002 90087 044 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)