

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-11-2002 90008 047 ****50.00

DOCUMENT # L01000011820

1. Entity Name

TTJ DISTRIBUTORS, L.L.C.

Principal Place of Business

**1544 REGAL COURT
 KISSIMMEE FL 34744**

Mailing Address

**1544 REGAL COURT
 KISSIMMEE FL 34744**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3731710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CHERRY, RICHARD G
 1665 PALM BEACH LAKES BLVD.
 SUITE 600
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **THOMAS E ATKINS, JR.**
 Street Address (P.O. Box Number is Not Acceptable)
3501 W. VINE ST. #264
TTJ DISTRIBUTORS, LLC
 City **KISSIMMEE** FL Zip Code **34741**

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

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

(NOTE: Registered Agent signature required when reinstating)

3/28/02
 DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **THOMAS E ATKINS JR** ☐ Delete **PRES**
 NAME
 STREET ADDRESS **3501 W. VINE ST #264**
 CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE ☐ Delete
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10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
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 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: *[Signature]* REQUIRED

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

4/25/02

Date

561-357-8823

Daytime Phone #

CR2E083 (9/01)