

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000000124

Entity Name: T.J.'S PLACE, LLC

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

311 CALOOSA ESTATES DR.  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2275  
LABELLE, FL 33975

**New Mailing Address:**

FEI Number: 20-0951840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAZAR, JEFFREY M  
311 CALOOSA ESTATES DR.  
LABELLE, FL 33935 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: MGR  
Name: LAZAR, JEFFREY M  
Address: PO BOX 2275  
City-St-Zip: LABELLE, FL 33975

Title: PART  
Name: LAZAR, HAROLD N  
Address: 1340 IVAN BLVD  
City-St-Zip: LA BELLE, FL 33935

Title: PART  
Name: LAZAR, THERESA  
Address: 311 CALOOSA ESTATES DR.  
City-St-Zip: LA BELLE, FL 33935

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: JEFFREY M. LAZAR

MGR

01/19/2010

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