

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 14, 2004 8:00 am
Secretary of State

05-03-2004 90110 044 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000047354 1. Entity Name T.J.K. CONSTRUCTION, LLC																							
Principal Place of Business 5906 EMMETTE AVE SANFORD FL 32771 US			Mailing Address 1554 EMMETTE AVE SANFORD FL 32771 US																				
2. Principal Place of Business 5906 5609 5th St.			3. Mailing Address 5906 5609 5th St.																				
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																				
City & State Sanford, Florida		City & State Sanford, Florida		4. FEI Number 43-2052889																			
Zip 32771		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																			
6. Name and Address of Current Registered Agent KOLPIN, TIMOTHY J 1554 EMMETTE AVE SANFORD FL 32771			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																				
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																							
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MGRM KOLPIN, TIMOTHY J 1554 EMMETTE AVE SANFORD FL 32771</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	MGRM KOLPIN, TIMOTHY J 1554 EMMETTE AVE SANFORD FL 32771		CITY- ST- ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: <u><i>Tim Kolpin</i></u> 4/26/04 (321) 377-2923 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																							