

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 AUG 23 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000052232

1. Entity Name
JT ASSOCIATED CONSULTING, LLC



Principal Place of Business
11641 TALON DR
NAPLES, FL 34120

Mailing Address
11641 TALON DR
NAPLES, FL 34120

BRK



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07062004 Chg-LLC CR2E083 (10/03)

4. FEI Number
13-4283637

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPDIRECT AGENTS, INC.
103 N MERIDIAN ST., LOWER LEVEL
TALLAHASSEE, FL 32301

Name

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

City

FL

Zip Code

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 _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)

Filing Fee to \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME
MGR TIERNEY, JAMES F
STREET ADDRESS
11641 TALON DR
CITY-ST-ZIP
NAPLES, FL 34120

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
600040580246
08/27/04--01036--000 * 01/01/01

☐ Change ☐ Addition

TITLE NAME
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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 118.07(3)(f), 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 606, Florida Statutes.

SIGNATURE: _____

8/5/04

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

Date

Daytime Phone #