

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90137 017 ****50.00

DOCUMENT # L03000054060

1. Entity Name

D&J TIDY ONES L.L.C.



Principal Place of Business

1332 SE ADAMS ST
HIGH SPRINGS FL 32643

Mailing Address

1332 SE ADAMS ST
HIGH SPRINGS FL 32643

2. Principal Place of Business

24003 NW 161 St

Suite, Apt. #, etc.

3. Mailing Address

POB 363

Suite, Apt. #, etc.

City & State

Alachua, FL

City & State

High Spring, FL

Zip
32645

Country

Alachua

Zip

32655

Country

Alachua

4. FEI Number

83-0379979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRIPP, DONNA C
1332 SE ADAMS ST
HIGH SPRINGS FL 32643

7. Name and Address of New Registered Agent

Name Tripp, Donna C
Street Address (P.O. Box Number is Not Acceptable)
24003 NW 161 St.
City Alachua, FL Zip Code 32645

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

Donna C. Tripp

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 Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRIPP, DONNA C 1332 SE ADAMS ST HIGH SPRINGS FL 32643	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Tripp, Donna C 24003 NW 161 St. Alachua, FL, 32645	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

02-07-05

Date

Daytime Phone #

352-262-0873