

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000000285 1. Entity Name TJT ENTERPRISES LLC																									
Principal Place of Business 2343 OCEANFOREST DRIVE WEST ATLANTIC BEACH FL 32233		Mailing Address P.O. 331345 ATLANTIC BEACH FL 32233																							
2. Principal Place of Business Suite, Apt. #, etc. N/A City & State Same Zip 11 Country USA		3. Mailing Address Suite, Apt. #, etc. N/A City & State Same Zip 11 Country USA																							
4. FEI Number 20-0539808		Applied For ☐ Not Applicable																							
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/05)																							
6. Name and Address of Current Registered Agent TROST, THOMAS J 2343 OCEANFOREST DRIVE WEST ATLANTIC BEACH FL 32233		7. Name and Address of New Registered Agent Name N/A 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 <u>Tom Trost</u> 2-1-06 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, 2006																									
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																							
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Tom Trost 2-1-06 904-233-0834