

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 29, 2008 8:00 am
Secretary of State

05-15-2008 90078 017 ***138.75

DOCUMENT # L04000014833

1. Entity Name
TRJV, LLC



Principal Place of Business
1601 BELVEDERE ROAD
SUITE 407 SOUTH
WEST PALM BEACH, FL 33406

Mailing Address
1601 BELVEDERE ROAD
SUITE 407 SOUTH
WEST PALM BEACH, FL 33406

0001000000



02082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1480698

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JABARA, RICHARD
1601 BELVEDERE ROAD
SUITE 407 SOUTH
WEST PALM BEACH, FL 33406

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IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME JABARA, RICHARD
STREET ADDRESS 1601 BELVEDERE ROAD, SUITE 407 SOUTH
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE MGRM
NAME WALSH, JANET
STREET ADDRESS 7 KENOSIA AVENUE, SUITE 2A
CITY-ST-ZIP DANBURY, CT 06810

TITLE MGRM
NAME JABARA, THEODORE JR.
STREET ADDRESS 7 KENOSIA AVENUE, SUITE 2A
CITY-ST-ZIP DANBURY, CT 06810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

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

Date

Daytime Phone #