

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000067367**

1. Entity Name

T & J PROVISIONS, LLC



Principal Place of Business

824-828 EAST HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33441-3557

Mailing Address

824-828 EAST HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33441-3557



03232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-1621249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHECTER, MARK S  
100 N.E. 3RD AVENUE, SUITE 620  
FT. LAUDERDALE, FL 33301

**DO NOT WRITE  
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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
STARK, TIMOTHY E  
6800 EAST CYPRESSHEAD DRIVE  
PARKLAND, FL 33067

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
STARK, JESSICA  
6800 EAST CYPRESSHEAD DRIVE  
PARKLAND, FL 33067

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000697618  
04/18/07-80048-011 50.00

**DO NOT WRITE  
IN THIS SPACE**

**SIGN  
HERE**

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 #

14-307

184-418-6328