

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071710

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: T-JAS. LLC

**Current Principal Place of Business:**

485 NE 128TH ST.  
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

485 NE 128TH ST.  
NORTH MIAMI, FL 33161

**New Mailing Address:**

FEI Number: 57-1215572

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GRANT, PEARL  
485 NE 128TH ST.  
NORTH MIAMI, FL 33161 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GRANT, PEARL  
Address: 485 NE 128TH ST.  
City-St-Zip: NORTH MIAMI, FL 33161

Title: VP ( ) Delete  
Name: OWENS, ROBERT V  
Address: 485 NE 128 ST  
City-St-Zip: MIAMI, FL 33161

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PEARL GRANT

MGRM

02/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date