

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90102 046 \*\*\*138.75

**DOCUMENT # L05000027862**

1. Entity Name  
CJT, LLC



Principal Place of Business  
2860 HWY 71 N  
MARIANNA, FL 32446

Mailing Address  
P.O. BOX 26  
MARIANNA, FL 32447

60012329



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
57-0745059

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEEL, CHUCK A  
4501 DAVIS STREET  
MARIANNA, FL 32446

Name *Travis Howell*

Street Address (P.O. Box Number is Not Acceptable)  
*2860 Hwy 71 N - B*

*Marianna FL*

City

FL

Zip Code  
32446

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

*Travis Howell Managing Member* *3-3-08*

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME ALDAY, JOSEPH  
STREET ADDRESS 1341 BLOCKFORD CT  
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME HOWELL, TRAVIS  
STREET ADDRESS 2749 LAWRENCE RD  
CITY-ST-ZIP MARIANNA, FL 32446

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME NEEL, CHUCK  
STREET ADDRESS 4501 DAVIS ST  
CITY-ST-ZIP MARIANNA, FL 32446

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Travis Howell* *Travis Howell*

*3-3-08*

*850 526 2040*