

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005839

FILED
Apr 02, 2009
Secretary of State

Entity Name: TJMD, LLC

Current Principal Place of Business:

132 POINCIANA DRIVE
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

132 POINCIANA DRIVE
JUPITER, FL 33458

New Mailing Address:

FEI Number: 20-4125130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAMON, CONRAD ESQ
WARD, DAMON & POSNER, P.A.
4420 BEACON CIRCLE STE 100
WEST PALM BEACH, FL 33407 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: PIRELLI, TOM
Address: 648 FERN STREET
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PIRELLI, TOM
Address: 9086 166TH WAY NORTH
City-St-Zip: JUPITER, FL 33478

Title: MGRA () Change (X) Addition
Name: LUCAS, JUDITH L
Address: 132 POINCIANA DRIVE
City-St-Zip: JUPITER, FL 33458

Title: MGR () Change (X) Addition
Name: PIRELLI, JANE C
Address: 9086 166TH WAY NORTH
City-St-Zip: JUPITER, FL 33478

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: JUDITH L. LUCAS

MGRA

04/02/2009

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