

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90112 043 ****50.00

DOCUMENT # L06000068522			
1. Entity Name THJ, LLC			
Principal Place of Business 89 S. ATLANTIC AVENUE SUITE 1005 ORMOND BEACH, FL 32176 US		Mailing Address 89 S. ATLANTIC AVENUE SUITE 1005 ORMOND BEACH, FL 32176 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-5290479		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name <u>TRACY CONLIN</u> Street Address (P.O. Box Number is Not Acceptable) <u>89 S. ATLANTIC AVE., Suite 1005</u> City <u>ORMOND BEACH</u> FL Zip Code <u>32176</u>	
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 <u>[Signature]</u>		DATE <u>4/30/07</u>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONLIN, TRACY J 89 S. ATLANTIC AVENUE, SUITE 1005 ORMOND BEACH, FL 32176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 of the registrant or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE <u>[Signature]</u>		DATE <u>4/30/07</u> 904-236-3837	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	