

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

4. Apr 30, 2008 8:00 am
Secretary of State

04-04-2008 90134 016 ***138.75

DOCUMENT # L07000101111

1. Entity Name
TJD RESEARCH ASSOCIATES L.L.C.



Principal Place of Business
592 TOM SAWYER LANE
CRESTVIEW, FL 32536

Mailing Address
592 TOM SAWYER LANE
CRESTVIEW, FL 32536

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

01222008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-1221082

Applied For
Not Applicable

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

DECKERT, TIMOTHY
592 TOM SAWYER LANE
CRESTVIEW, FL 32536

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DECKERT, PEGGI S
592 TOM SAWYER LANE
CRESTVIEW, FL 32536 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DECKERT, TIMOTHY J
592 TOM SAWYER LANE
CRESTVIEW, FL 32536 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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 registered agent empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Timothy J. Deckert
Timothy J. Deckert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/31/08 850-259-6776