

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000043408

Entity Name: T.J. CASSIE IAN, LLC

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1714 SW MOCKINGBIRD DR.  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

5409 SOUTH INDIAN RIVER DRIVE  
FT PIERCE, FL 34982

**Current Mailing Address:**

1714 SW MOCKINGBIRD DR.  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

5409 SOUTH INDIAN RIVER DRIVE  
FT PIERCE, FL 34982

FEI Number: 27-0187422

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOYKIN, CASSIE T  
1714 SW MOCKINGBIRD DR.  
PORT ST. LUCIE, FL 34986 US

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

BOYKIN, CASSIE T  
5409 SOUTH INDIAN RIVER DR  
FT PIERCE, FL 34982 US

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: CASSIE BOYKIN

02/08/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BOYKIN, CASSIE T  
Address: 5409 SW MOCKINGBIRD DR  
City-St-Zip: FT PIERCE, FL 34982

I hereby 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: CASSIE BOYKIN

OWNE

02/08/2012

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