

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000115249

Entity Name: T J SQUARED, LLC

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

ONE SEAGROVE PLACE  
UNIT 703  
SEAGROVE BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

862 CAMP STREET  
NEW ORLEANS, LA 70130

**New Mailing Address:**

FEI Number: 90-0629354

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WATSON SEWELL, PL  
5365 E. CO. HWY. 30A  
SUITE 105  
SEAGROVE BEACH, FL 32459 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  
Name: SULLIVAN, JOHN J  
Address: 862 CAMP ST.  
City-St-Zip: NEW ORLEANS, LA 70130

Title: MGRM  
Name: FIELDS, TIMMY L  
Address: 1215 PRYTANIA ST., SUITE 423  
City-St-Zip: NEW ORLEANS, LA 70130

Title: MGR  
Name: ORMOND, JOHN II  
Address: 1556 CALHOUN ST.  
City-St-Zip: NEW ORLEANS, LA 70112

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: TIMMY L FIELDS

MGRM

01/20/2011

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