

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000042236

Entity Name: TJ GALLIVANS LLC

FILED
Apr 27, 2012
Secretary of State

Current Principal Place of Business:

6199 YELLOW WOOD PLACE
SARASOTA, FL 34241 US

New Principal Place of Business:

Current Mailing Address:

6199 YELLOW WOOD PLACE
SARASOTA, FL 34241 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORM-A-CORP
4400 PGA BLVD.
SUITE 900
PALM BEACH GARDENS, FL 33410 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: TILERT, THOMAS W
Address: 6199 YELLOW WOOD PLACE
City-St-Zip: SARASOTA, FL 34241 US

Title: MGRM
Name: TILERT, JALIANNE
Address: 6199 YELLOW WOOD PLACE
City-St-Zip: SARASOTA, FL 34241 US

Title: MGRM
Name: CLARK, BARBARA
Address: 3342 LAKE JOHANNA BLVD.
City-St-Zip: ARDEN HILLS, MN 55112 US

Title: MGRM
Name: CLARK, SAM M
Address: 3342 LAKE JOHANNA BLVD.
City-St-Zip: ARDEN HILLS, MN 55112 US

Title: MGRM
Name: HOLLENBACK, JAY
Address: 10348 PORTLAND AVE. S
City-St-Zip: MINNEAPOLIS, MN 55420 US

Title: MGRM
Name: HOLLENBACK, LISA
Address: 10348 PORTLAND AVE. S
City-St-Zip: MINNEAPOLIS, MN 55420 US

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: THOMAS W TILERT

MGRM

04/27/2012

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