

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -1 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003970

1. Entity Name
TJN CONSULTING, L.L.C.

Principal Place of Business
1300 LITTLE BLUE HERON COURT
NAPLES FL 34108

Mailing Address
1300 LITTLE BLUE HERON COURT
NAPLES FL 34108-3311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593585044

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KARL, JAMES L II, ESQ
975 NORTH COLLIER BLVD.
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800003258338--9
-05/18/00--01131--020
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MEM
STREET ADDRESS NITTMANN, THOMAS J
CITY- ST- ZIP 1300 LITTLE BLUE HERON COURT
NAPLES FL 34108

TITLE NAME
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10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

THOMAS J. NITTMANN (MGRM)

Date

04/25/2000

Daytime Phone #

908 209 8297

CR2E083 (9/99)