

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000083437

**Entity Name:** CAJTDM LLC

**Current Principal Place of Business:**

1005 COLLEGE BLVD WEST STE A  
NICEVILLE, FL 32578

**Current Mailing Address:**

1005 COLLEGE BLVD WEST STE A  
NICEVILLE, FL 32578

**FEI Number:** 26-3274166

**Certificate of Status Desired:** No

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

BURKE, DARLENE K  
239 WAVA AVE  
NICEVILLE, FL 32578 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name BURKE, DARLENE K  
Address 1005 COLLEGE BLVD STE A  
City-State-Zip: NICEVILLE FL 32578

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DARLENE BURKE

MGR

02/06/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date