

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000114529

**Entity Name:** T & ASSOCIATES, LLC

**Current Principal Place of Business:**

25 SE 2ND AVE  
SUITE 725  
MIAMI, FL 33131

**FILED**  
**Jan 09, 2018**  
**Secretary of State**  
**CC7837584702**

**Current Mailing Address:**

25 SE 2ND AVE  
SUITE 725  
MIAMI, FL 33131 US

**FEI Number:** 27-3852717

**Certificate of Status Desired:** No

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

GRAYSON, MOISES  
25 SE 2ND AVE 730  
MIAMI, FLORIDA, FL 33131 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	MGRM	Title	MGRM
Name	TERNER, SALOMON	Name	TERNER, ROSA
Address	25 SE 2ND AVE SUITE 725	Address	25 SE 2ND AVE SUITE 725
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	AUTHORIZED REPRESENTATIVE		
Name	SCHUCK, LEONOR E		
Address	25 SE 2ND AVE SUITE 725		
City-State-Zip:	MIAMI FL 33131		

*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:** LEONOR SCHUCK

**AUTHORIZED  
REPRESENTATIVE**

**01/09/2018**

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

\_\_\_\_\_  
Date