

**2014 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**  
**Feb 28, 2014**  
**Secretary of State**  
**CC2407716597**

**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  
Name TERNER, SALOMON  
Address 25 SE 2ND AVE  
SUITE 725  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name TERNER, ROSA  
Address 25 SE 2ND AVE  
SUITE 725  
City-State-Zip: MIAMI FL 33131

Title MANAGER  
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:** SALOMON TERNER

**PRESIDENT**

**02/28/2014**

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

\_\_\_\_\_  
Date