

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000145746

Entity Name: T & T FINANCIAL SERVICE LLC**Current Principal Place of Business:**1008 FOUNTAIN ROAD
JACKSONVILLE, FL 32205**Current Mailing Address:**1662 STOCKTON STREET
JACKSONVILLE, FL 32204**FEI Number:** 47-4881073**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TUKES, ANESIA
1008 FOUNTAIN ROAD
JACKSONVILLE, FL 32205 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	PRESIDENT
Name	TUKES, ANESIA
Address	9653 CHUTNEY COURT
City-State-Zip:	JACKSONVILLE FL 32221

Title	MGR
Name	TUKES, JOANNA
Address	9653 CHUTNEY COURT
City-State-Zip:	JACKSONVILLE FL 32210

Title	MGR
Name	DAVIS, TAKIRA
Address	9653 CHUTNEY COURT
City-State-Zip:	JACKSONVILLE FL 32221

Title	VP
Name	SOLOMON, KEENAN
Address	9653 CHUTNEY COURT
City-State-Zip:	JACKSONVILLE FL 32221

Title	SECRETARY
Name	NAPOLEON, YAMONI
Address	3920 FOURAKER ROAD
City-State-Zip:	JACKSONVILLE FL 32210

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: ANESIA TUKES**PRESIDENT****04/30/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date