

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000010955

1. Entity Name
TNT CONSTRUCTION, L.L.C.



Principal Place of Business
828 NOCTURNE DR.
CHULUOTA, FL 32766

Mailing Address
PO BOX 622622
OVIEDO, FL 32762-2622 US



01302005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3734505

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLOMON, BOBBY III
828 NOCTURNE DR.
CHULUOTA, FL 32766

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

1100000213020
02/03/05-80052-016 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SMITH, GEORGE T III
1378 BRIDLE BROOK DR.
CASSELBERRY, FL 32707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SOLOMON, CHERYL
101 SHADY OAK LANE
OVIEDO, FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Cheryl Solomon CHERYL SOLOMON 1/30/05 407-448-8580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #