

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90021 049 ****55.00

DOCUMENT # L01000010955

1. Entity Name

TNT CONSTRUCTION, L.L.C.



Principal Place of Business

**1378 BRIDLE BROOK DRIVE
CASSELBERRY FL 32707**

Mailing Address

**PO BOX 622622
OVIEDO FL 32762-2622**

40045534

2. Principal Place of Business

828 NOCTURNE Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CHULUOTA, FL

City & State

Zip

32766

Country

USA

Country

4. FEI Number **59-3734505**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SMITH, GEORGE T-III
1378 BRIDLE BROOK DRIVE
CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

Name **SOLOMON, Bobby-III**

Street Address (P.O. Box Number is Not Acceptable)
828 NOCTURNE Dr.

City **CHULUOTA** FL Zip Code **32766**

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.

Bobby SOLOMON, III, OWNER 2/2/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
NAME **SOLOMON, BOBBY J III**
STREET ADDRESS **828 NOCTURNE DRIVE**
CITY-ST-ZIP **CHULUOTA FL 32766**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **SMITH, GEORGE T III**
STREET ADDRESS **1378 BRIDLE BROOK Dr.**
CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

2/2/03 (407) 467-4002

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

Date

Daytime Phone #

CP2E083 (10/02)

0050579