

~~\*Amended\*~~  
**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000018343

1. Entity Name

A & T Ventures, L.L.C.

**FILED**

02 DEC 16 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1706 S.E. 15th Terrace

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

4. FEI Number

65-1153160

Applied For

Not Applicable

Zip

33990

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael A. Gennaro

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

Pavese, Haverfield et al

4635 S. Del Prado Blvd

City

Cape Coral

FL

Zip Code

33910

**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.

100009507651

12/13/02--01064--002 \*\*50.00

SIGNATURE

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

General Partner  
Thomas Glassman  
41 Half Crown Circle  
Ashland, MA 01721

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

General Partner  
Anne L. Paulin  
41 Half Crown Circle  
Ashland, MA 01721

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: *Thomas Glassman*

Thomas Glassman

12/19

508-881-0002

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

Date

Daytime Phone #