

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004697

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: T & E, LLC

**Current Principal Place of Business:**

6429 WINKLER ROAD  
FT. MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

6429 WINKLER ROAD  
FT. MYERS, FL 33919

**New Mailing Address:**

FEI Number: 04-3619098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COSTELLO, TRUMAN J ESQ.  
12670 NEW BRITTANY BLVD., SUITE 101  
FT. MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: KIDDY, THOMAS  
Address: 6429 WINKLER RD  
City-St-Zip: FORT MYERS, FL 33919

Title: VP ( ) Delete  
Name: KIDDY, ELLEN  
Address: 6429 WINKLER RD  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ELLEN KIDDY

MGR

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date