

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

03-31-2003 90807 028 ****50.00

DOCUMENT # L02000006353

1. Entity Name

T AND D PROPERTIES LLC



Principal Place of Business

18752 TITUS ROAD, UNIT 5
HUDSON FL 34667

Mailing Address

18752 TITUS ROAD, UNIT 5
HUDSON FL 34667

2. Principal Place of Business

6753 Thomasville Rd

3. Mailing Address

6753 Thomasville Rd

Suite, Apt. #, etc.

Suite 141

Suite, Apt. #, etc.

Suite 141

City & State

TALLAHASSEE FL

City & State

Tallahassee FL

Zip

32312

Country

USA

Zip

32312

Country

USA

4. FEI Number

32-004-2393

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

POPP, TERESA M
18752 TITUS ROAD, UNIT 5
HUDSON FL 34667

7. Name and Address of New Registered Agent

Name

Teresa M. Popp

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

6753 Thomasville Rd #141

~~Tallahassee FL~~

City

Tallahassee

FL

Zip Code

32312

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
manager
Teresa M. Popp
6753 Thomasville Rd. Unit 141
Tallahassee FL 32312

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

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

Date

Daytime Phone #

CR2E083 (10/02)