

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2003 8:00 am
Secretary of State

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08-27-2003 90074 001 *****5.00
08-27-2003 90074 002 *****50.00

DOCUMENT # L02000010176

1. Entity Name

T&G CONTRACTORS LLC



Principal Place of Business

610 NORTH DIXIE HIGHWAY
LANTANA FL 33462

Mailing Address

610 NORTH DIXIE HIGHWAY
LANTANA FL 33462

55056878

2. Principal Place of Business

5562 SHADYSIDE CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

5562 SHADYSIDE CIRCLE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

4. FEI Number

45-0476705

Applied For

Not Applicable

Zip
33415

Country

Zip

33415

Country

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARK, MICHAEL G
610 NORTH DIXIE HIGHWAY
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name WILLIAM THOMAS

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

5562 SHADYSIDE CIRCLE

City WEST PALM BEACH FL

Zip Code 33415

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME JOHN GOLDSTEIN ☒ Delete
STREET ADDRESS 5026 NAUTICAL LAKE CIRCLE
CITY-ST-ZIP GREEN ACRES FL 33463

TITLE NAME DONALD TABOR ☒ Delete
STREET ADDRESS 1404 TUSCANY WAY
CITY-ST-ZIP BOYATON BEACH FL 33435

TITLE NAME PRES/DOWNER ☐ Delete
STREET ADDRESS WILLIAM THOMAS
CITY-ST-ZIP 5562 Shadyside Circle

TITLE NAME WPB F 33415 ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
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 606, Florida Statutes.

SIGNATURE:

WILLIAM THOMAS ☒ SIGNATURE REQUIRED

8/15/03

561 723-1841

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

Date

Daytime Phone #

CR2E083 (4/03)