

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90034 016 ****55.00

DOCUMENT # L02000027955

1. Entity Name

TCT, LLC



Principal Place of Business

1231 SW SUNSET TRL
PALM CITY FL 34990

Mailing Address

1231 SW SUNSET TRL
PALM CITY FL 34990

24046680



MOORE CR2E083 (11/03)

2. Principal Place of Business

3500 SW Corporate Prkwy

3. Mailing Address

3500 SW Corporate Prkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City FL

City & State

Palm City FL

4. FEI Number

03-0507010

Applied For

Not Applicable

Zip

34990

Country

USA

Zip

34990

Country

USA

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOOGE, HOWARD E JR. ESQ
401 E. OSCEOLA STREET
STUART FL 34994

Name

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

City

FL

Zip Code

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, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SABIN, CHARLE 1231 SW SUNSET TRL PALM CITY FL 34990 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM EJUPS, ALDIS 1231 SW SUNSET TRL PALM CITY FL 34990 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Charles H. Sabo

4-14-04

172-283-8400

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

Date

Daytime Phone #