

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

02-04-2004 90230 006 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000007699 1. Entity Name T & TK DISTRIBUTORS, LLC					
Principal Place of Business 936 CRENSHAW LAKE ROAD LUTZ FL 33548			Mailing Address 936 CRENSHAW LAKE ROAD LUTZ FL 33548		
2. Principal Place of Business 11807 LITTLE RD		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State New Port Richey, FL		City & State 		4. FEI Number 47-0911951	
Zip 34656		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KASPROW, BARBARA 936 CRENSHAW LAKE ROAD LUTZ FL 33548			7. Name and Address of New Registered Agent 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 _____ (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	Barbara Kasprow Mgr 936 Crenshaw Lake Rd Lutz, FL 33548		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS 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)(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: <i>B Kasprow</i>			Date: <i>Jan 29/04</i>		Daytime Phone #: <i>3806101 (813)</i>