

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000028315

1. Entity Name
TIME & TEMPERATURE, LLC



Principal Place of Business
**13337 PROVENCE DRIVE
PALM BEACH GARDENS, FL 33410-1246**

Mailing Address
**13337 PROVENCE DRIVE
PALM BEACH GARDENS, FL 33410-1246**



01272006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0843113

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KAY SCHOLER LLLP
PHILLIPS POINT, WEST TOWER
777 S. FLAGLER DRIVE, SUITE 900
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature typed or printed name of registered agent and true if applicable

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	COHEN, JEFFREY N
STREET ADDRESS	13337 PROVENCE DRIVE
CITY-STATE-ZIP	PALM BEACH GARDENS, FL 334101246
TITLE	MGR
NAME	COHEN, JOHN B DR.
STREET ADDRESS	4724 32ND STREET N.W.
CITY-STATE-ZIP	WASHINGTON, DC 20008
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000418274
02/13/06-80088-023 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/31/06 561-832-9292
Date Daytime Phone #