

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90163 029 \*\*\*\*50.00

**DOCUMENT # L03000050076**

1. Entity Name

**T & T CENTRAL FLORIDA CONSTRUCTION, LLC**



Principal Place of Business

**636 NORTH RIO GRANDE AVENUE  
ORLANDO FL 32805  
US**

Mailing Address

**636 NORTH RIO GRANDE AVENUE  
ORLANDO FL 32805  
US**

2. Principal Place of Business

**111 WEST ROBINSON ST.**

Suite, Apt. #, etc.

3. Mailing Address

**111 WEST ROBINSON ST.**

Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

**ORLANDO, FL**

Zip  
**32801**

Country

**USA**

City & State

**ORLANDO, FL**

Zip  
**32801**

Country

**USA**

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HAGEN, TERRY D  
636 NORTH RIO GRANDE AVENUE  
ORLANDO FL 32805**

7. Name and Address of New Registered Agent

Name: **ANTHONY J. NICHOLSON**

Street Address (P.O. Box Numbers Not Acceptable)

**111 WEST ROBINSON STREET**

City

**ORLANDO**

FL

Zip Code  
**32801**

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

**ANTHONY J. NICHOLSON**

**3/22/2004**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HAGEN, TERRY D  
636 NORTH RIO GRANDE AVENUE  
ORLANDO FL 32805** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
NICHOLSON, ANTHONY  
111 WEST ROBINSON STREET  
ORLANDO FL 32801** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

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

TITLE  
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STREET ADDRESS  
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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)(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:**

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

Date

Daytime Phone #

**ANTHONY J. NICHOLSON 3/22/04**

**407-423-3456**