

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90094 010 *****55.00

DOCUMENT # **L93000057271**



1. Entity Name

T & T GARAGE DOORS, LLC

Principal Place of Business
**617 FIELDSTONE DR.
BRANDON FL 33511**

Mailing Address
**617 FIELDSTONE DR.
BRANDON FL 33511**



2. Principal Place of Business

617 Fieldstone Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

Brandon FL

City & State

4. FEI Number

02-0694345

Applied For

Not Applicable

Zip **33511**

Country

Zip

Country

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JARZYK, THOMAS
617 FIELDSTONE DR.
BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name **Thomas Jarzyk**

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

617 Fieldstone Dr.

City **Brandon**

FL

Zip Code

33511

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

Thomas Jarzyk

(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 6, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **JARZYK, THOMAS**
STREET ADDRESS **617 FIELDSTONE DR.**
CITY - ST - ZIP **BRANDON FL 33511**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #