

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

50.00

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000020685

1. Entity Name

T & G MANAGEMENT COMPANY, L.L.C.



Principal Place of Business

**1800 E. WINE STREET
SUITE A
KISSIMMEE, FL 34744**

Mailing Address

**434 MARLBERRY LEAF AVENUE
KISSIMMEE, FL 34758**



02022007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. IRBI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OMOLARA, AUGUSTUS
434 MARLBERRY LEAF AVENUE
KISSIMMEE, FL 34744**

**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

(Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
NAME **OMOLARA, AUGUSTUS**
STREET ADDRESS **434 MARLBERRY LEAF AVENUE**
CITY-ST-ZIP **KISSIMMEE, FL 34758**

TITLE **MGRM**
NAME **OMOLARA, HELEN**
STREET ADDRESS **434 MARLBERRY LEAF AVENUE**
CITY-ST-ZIP **KISSIMMEE, FL 34758**

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02/14/07-80054-016 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 1119, 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.

CR2E083

Handwritten signature 2/5/07