

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000039081

Entity Name: CTT ENTERPRISES, LLC

**FILED**  
**Oct 09, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

8096 SW 100TH STREET ROAD  
OCALA, FL 34481

**New Principal Place of Business:**

**Current Mailing Address:**

8096 SW 100TH STREET ROAD  
OCALA, FL 34481

**New Mailing Address:**

FEI Number: 51-0508481      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

STEFANOS, THOMAS A  
5024 HAWKS HAMMOCK WAY  
SANFORD, FL 32771 US

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.

SIGNATURE: THOMAS A. STEFANOS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: PHILLIPS, CHARLES L  
Address: 8096 SW 100TH STREET ROAD  
City-St-Zip: Ocala, FL 34481

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: PHILLIPS, TINA S  
Address: 8096 SW 100TH STREET ROAD  
City-St-Zip: Ocala, FL 34481

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: STEFANOS, THOMAS A  
Address: 5024 HAWKS HAMMOCK WAY  
City-St-Zip: SANFORD, FL 32771

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS A. STEFANOS

MGRM

10/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date