

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072653

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** T & T ENTERPRISES OF WALTON COUNTY, LLC

**Current Principal Place of Business:**

376 BEN KING ROAD  
FREEPORT, FL 32439 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 969  
FREEPORT, FL 32439 US

**New Mailing Address:**

**FEI Number:** 20-1740029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAW OFFICES OF LAMAR A. CONERLY, P.A.  
4481 LEGENDARY DRIVE  
SUITE 200  
DESTIN, FL 32541 US

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

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** TINDLE, TIMOTHY D  
**Address:** 153 WOODLAND BAYOU DRIVE  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459 US

**Title:** MGRM ( ) Delete  
**Name:** TINDLE, MARGIE  
**Address:** 3759 HIGHWAY 90 EAST  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32433 US

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:** TIM TINDLE

MGRM

04/24/2009

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