# 2007 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L05000025765**

**1.** Entity Name
**T & G, L.L.C.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2851 CYPRESS CREEK ROAD<br>FT. LAUDERDALE, FL 33309 | 2851 CYPRESS CREEK ROAD<br>FT. LAUDERDALE, FL 33309 |

## DO NOT WRITE IN THIS SPACE

04242007 No Chg-LLC          CR2E083 (11/05)

| 4. FEI Number | | Applied For |
|---|---|---|
| 26-0109118 | | Not Applicable |

**5.** Certificate of Status Desired  ☐   **$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

BURGIO, MICHAEL
2851 CYPRESS CREEK ROAD
FT. LAUDERDALE, FL 33309

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**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

Filing Fee is $50.00
Due by May 1, 2007

**9.**          MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | CAPPADONA, RICHARD R TRUSTEE |
| STREET ADDRESS | 2851 CYPRESS CREEK ROAD |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33309 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |

## DO NOT WRITE IN THIS SPACE

U000000739273
05/14/07-80019-020 55.00

**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:** _Richard Cappadona_          Richard Cappadona  4/26/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #