

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069237

Entity Name: RT&T ENTERPRISES LLC

FILED  
Apr 19, 2007  
Secretary of State

## Current Principal Place of Business:

438 DREXEL RIDGE CIRCLE  
OCOE, FL 34761 US

## New Principal Place of Business:

## Current Mailing Address:

2019 WALNUT BLVD.  
ASHTABULA, OH 44004 US

## New Mailing Address:

FEI Number: 20-3145137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SARTINI, ANTHONY M  
438 DREXEL RIDGE CIRCLE  
OCOE, FL 34761 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: SARTINI, THOMAS  
Address: 2019 WALNUT BLVD.  
City-St-Zip: ASHTABULA, OH 44004 US

Title: MGRM ( ) Delete  
Name: SARTINI, ANTHONY M  
Address: 438 DREXEL RIDGE CIRCLE  
City-St-Zip: OCOE, FL 34761 US

Title: MGRM ( ) Delete  
Name: CROUSE, RAY JR  
Address: 5503 SAN GABRIEL WAY  
City-St-Zip: ORLANDO, FL 32837 US

## ADDITIONS/CHANGES:

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

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 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: THOMAS L. SARTINI

MGRM

04/19/2007

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