

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089531

Entity Name: A & T ENTERPRISES, LLC

FILED
Jul 03, 2007
Secretary of State

Current Principal Place of Business:

331 FAIRMONT WAY
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

331 FAIRMONT WAY
WESTON, FL 33326

New Mailing Address:

FEI Number: 11-3759846 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:

BRUCKNER, MITCHELL W CPA
4992 NORTH PINE ISLAND ROAD
LAUDERHILL, FL 33351 US

Name and Address of New Registered Agent:

MITCHELL W BRUCKNER, CPA, PA
4300 N UNIVERSITY DRIVE
A-106
LAUDERHILL, FL 33351 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: MITCHELL W BRUCKNER

07/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANALETTO, ANTHONY
Address: 331 FAIRMONT WAY
City-St-Zip: WESTON, FL 33326

Title: MGRM () Delete
Name: TAGLIENTI, MARC
Address: 9190 BROAD STREET
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: TAGLIENTI, MARC
Address: 610 W LAS OLAS BLVD
City-St-Zip: FT LAUDERDALE, FL 33312

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: ANTHONY ANALETTO

MGRM

07/03/2007

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