2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 24, 2007 8:00 am
Secretary of State
01-24-2007 90097 009 ****50.00

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1. Entity Name
L & T CONSTRUCTION, LLC

Principal Place of Business
4010 N. E. 6TH AVENUE
POMPANO BEACH FL 33064-4336
US

Mailing Address
4010 N. E. 6TH AVENUE
POMPANO BEACH FL 33064-4336
US

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box # 4010 N.E. 6TH AVE
Suite, Apt. #, etc.
City & State Pompano Beach, FLA
Zip 33064 Country Broward

3. Mailing Address 4010 N.E. 6 AVE
Suite, Apt. #, etc.
City & State Pompano Beach, FLA
Zip 33064 Country Broward

4. FEI Number 20-2964894 ✓ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BAPTISTE, TAVANO M
4010 N. E. 6TH AVENUE
POMPANO BEACH FL 33064-4336

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 Tavano Baptiste
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR ☐ Delete BAPTISTE, TAVANO M 4010 N. E. 6TH AVENUE POMPANO BEACH FL 33064-4336	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM ☐ Delete BAPTISTE, FELICIA S 4010 N. E. 6TH AVENUE POMPANO BEACH FL 33064-4336	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Tavano Baptiste
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #