

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90012 020 ****50.00

DOCUMENT # L06000070564

1. Entity Name

T'S CONSTRUCTION, LLC



Principal Place of Business

14418 GOLDEN RAIN TREE BOULEVARD
ORLANDO FL 32828

Mailing Address

14418 GOLDEN RAIN TREE BOULEVARD
ORLANDO FL 32828

2. Principal Place of Business - No P.O. Box #

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

16-17166585

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

1st MOORE

CR2E083 (10/06)

60000000



6. Name and Address of Current Registered Agent

VAUGHN, TRACIE A
14418 GOLDEN RAIN TREE BOULEVARD
ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Allowed)

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

Tracie A. Vaughn

Signature, typed or printed name of registered agent, and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-13-07
Tracie A. Vaughn

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☐ Delete
NAME: VAUGHN, TRACIE A
STREET ADDRESS: 14418 GOLDEN RAIN TREE BOULEVARD
CITY-ST-ZIP: ORLANDO FL 32828

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Tracie A. Vaughn

7-13-07
Tracie A. Vaughn

DATE

303-591-1470

Daytime Phone #