

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077430

Entity Name: T.T.LLC.

FILED
Jun 01, 2007
Secretary of State

Current Principal Place of Business:

4861 FISKE CIRCLE.
ORLANDO, FL 32826 OC

Current Mailing Address:

4861 FISKE CIRCLE.
ORLANDO, FL 32826 OC

New Principal Place of Business:

2015 RESTON ROAD
APT 2202
ORLANDO, FL 32837 OC

New Mailing Address:

2015 RESTON ROAD
APT 2202
ORLANDO, FL 32837 OC

FEI Number: 14-1973887 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:

HERNESTO TORREALBA
4861 FISKE CIRCLE
ORLANDO, FL 32826 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: MGR () Delete
Name: TORREALBA, AMILKAR J DR.
Address: 1101 MEADOW LAKE WAY
City-St-Zip: WINTER SPRINGS, FL 32711 OC

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TORREALBA, HERNESTO
Address: 4861 FISKE CIRCLE
City-St-Zip: ORLANDO, FL 327826 OC

Title: MGR () Change (X) Addition
Name: GUACARAN, JESUS M
Address: 2015 RESTON ROAD APT 2202
City-St-Zip: ORLANDO, FL 32837

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: HERNESTO TORREALBA

MGR

06/01/2007

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