


**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90064 002 \*\*\*135.97  
 03-27-2008 90088 029 \*\*\*\*\*2.78

**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**DOCUMENT # L06000120908**


1. Entity Name  
**T & G, LLC**



Principal Place of Business 1182 EAST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442	Mailing Address 1182 EAST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442
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**DO NOT WRITE IN THIS SPACE**

**60017635**



01232008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-8083356	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RACK, GARY**  
 1182 EAST NEWPORT CENTER DRIVE  
 DEERFIELD BEACH, FL 33442

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

**FILE NOW!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$338.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RACK, GARY 1182 EAST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOFIELD, ROBERT T 355 INDUSTRIAL PARK DRIVE BOONE, NC 28607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 606, Florida Statutes.

SIGNATURE *[Signature]* *Robert T Sofield* *Mgr Member* *1-23-08*

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

828 264 6198