

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000048366

Entity Name: T & T EXTREME L.L.C.

FILED
Jun 17, 2009
Secretary of State

Current Principal Place of Business:

904 HURON STREET
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

P O BOX 61736
JACKSONVILLE, FL 32236

New Mailing Address:

FEI Number: 80-0199383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

HODGE, THOMAS M
904 HURON STREET
JACKSONVILLE, FL 32254 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: HODGE, THOMAS M
Address: 904 HURON STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: MGRM () Delete
Name: HODGE, MICARCHER A
Address: 904 HURON STREET
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES:

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

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

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: THOMAS HODGE

MGR

06/17/2009

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