

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070638

Entity Name: "T" SALES AND INVESTMENTS, LLC

FILED  
Apr 20, 2009  
Secretary of State

**Current Principal Place of Business:**

1246 MAXIMILIAN DR.  
WESLEY CHAPEL, FL 33543 US

**New Principal Place of Business:**

**Current Mailing Address:**  
1246 MAXIMILIAN DR.  
WESLEY CHAPEL, FL 33543 US

**New Mailing Address:**

FEI Number: 26-3031309      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TORIAN, MERVILLE R SR.  
1246 MAXIMILIAN DR.  
WESLEY CHAPEL, FL 33543 US

**Name and Address of New Registered Agent:**

TORIAN, MERVILLE R SR.  
1426 MAXIMILIAN DR.  
WESLEY CHAPEL, FL 33543 US

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:

04/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TORIAN, MERVILLE R SR.  
Address: 1246 MAXIMILIAN DR.  
City-St-Zip: WESLEY CHAPEL, FL 33543 US

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: TORIAN, DORIS D  
Address: 1246 MAXIMILIAN DR.  
City-St-Zip: WESLEY CHAPEL, FL 33543 US

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: MERVILLE R. TORIAN, SR

MGR

04/20/2009

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