

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000088848

Entity Name: T & C VINYL, LLC

FILED  
Jun 26, 2009  
Secretary of State

**Current Principal Place of Business:**

801 HENRY STREET  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

801 HENRY STREET  
LAKE WALES, FL 33853

**New Mailing Address:**

FEI Number: 80-0286760      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:**

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

CLEMENTZ ELROD, CHRISTINE NALL  
939 OXFORD WAY  
LAKE WALES, FL 33853      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: CLEMENTZ ELROD, CHRISTINE NALL  
Address: 939 OXFORD WAY  
City-St-Zip: LAKE WALES, FL 33853

Title: MGR      ( ) Delete  
Name: DALE ELROD, ANTHONY  
Address: 939 OXFORD WAY  
City-St-Zip: LAKE WALES, FL 33853

Title: MGRM      ( ) Delete  
Name: TRAMONTE, JAMES JOSEPH  
Address: 751 SOUTH BLUFORD AVE.  
City-St-Zip: OCOEE, FL 34761

**ADDITIONS/CHANGES:**

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

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: CHRISTINE CLEMENTZ ELROD

MGR

06/26/2009

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