

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000066375

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** DOUBLE T'S, LLC

**Current Principal Place of Business:**

7122 PELICAN ISLAND DRIVE  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

7122 PELICAN ISLAND DRIVE  
TAMPA, FL 33634

**New Mailing Address:**

P O BOX 341258  
TAMPA, FL 33694

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TERENZI, TERENCE  
7122 PELICAN ISLAND DRIVE  
TAMPA, FL 33634 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  
Name: TERENZI, TERENCE  
Address: P O BOX 341258  
City-St-Zip: TAMPA, FL 33694

Title: MGR  
Name: SCHELLDORF, THOMAS  
Address: P O BOX 341258  
City-St-Zip: TAMPA, FL 33694

I hereby 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: /S/ TERENCE TERENZI

MGR

03/15/2011

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