

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000002826

1. Entity Name
TOWELS & TEES, L.L.C.



Principal Place of Business
16930 NW 4TH AVENUE
MIAMI, FL 33169

Mailing Address
16930 NW 4TH AVENUE
MIAMI, FL 33169

DO NOT WRITE IN THIS SPACE



04062005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0887841

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBI, AVI
16930 NW 4TH AVE.
MIAMI, FL 33169

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when not applicable.)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SHERRITON, BRIAN
16930
MIAMI, FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JACOBI, AVI
16930
MIAMI, FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SHERRITON, PHILLIP
16930
MIAMI, FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000289467
04/11/05-80109-014 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) 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 608, Florida Statutes.

SIGNATURE: AVI JACOBI

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

4-06-05 305-652-0013

Date

Daytime Phone #