


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M03000003588</b>					
1. Entity Name <b>T &amp; S HOLDINGS, LLC</b>					
Principal Place of Business <b>1709 SW 51ST STREET CAPE CORAL FL 33914</b>			Mailing Address <b>1709 SW 51ST STREET CAPE CORAL FL 33914</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>39-1868762</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MIHALOVICH, ANTHONY L 1709 SW 51ST STREET CAPE CORAL FL 33914</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<div style="text-align: center;"> <b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2005</b> </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	MIHALOVICH, ANTHONY L		NAME		
STREET ADDRESS	1709 SW 51ST STREET		STREET ADDRESS		
CITY- ST- ZIP	CAPE CORAL FL 33914		CITY- ST- ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	MIHALOVICH, SUSAN C		NAME		
STREET ADDRESS	1709 SW 51ST STREET		STREET ADDRESS		
CITY- ST- ZIP	CAPE CORAL FL 33914		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		



1st MOORE CR2E083 (10/04)

4. FEI Number **39-1868762**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME MIHALOVICH, ANTHONY L  
STREET ADDRESS 1709 SW 51ST STREET  
CITY- ST- ZIP CAPE CORAL FL 33914

TITLE MGR ☐ Delete  
NAME MIHALOVICH, SUSAN C  
STREET ADDRESS 1709 SW 51ST STREET  
CITY- ST- ZIP CAPE CORAL FL 33914

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Add

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TITLE ☐ Change ☐ Add  
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CITY- ST- ZIP

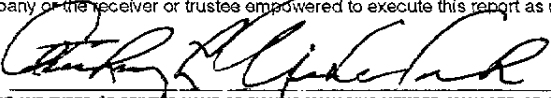
TITLE ☐ Change ☐ Add  
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TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 808, Florida Statutes.

SIGNATURE:  3/28/06 239-770-871  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #