

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000093519

**Entity Name:** CT & SONS, LLC**Current Principal Place of Business:**129 TOPPINO INDUSTRIAL DRIVE  
ROCKLAND KEY  
KEY WEST, FL 33040**Current Mailing Address:**PO BOX 787  
KEY WEST, FL 33041 US**FEI Number:** 20-2067060**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TOPPINO, RICHARD  
129 TOPPINO INDUSTRIAL DRIVE  
ROCKLAND KEY  
KEY WEST, FL 33040 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:** RICHARD TOPPINO

04/25/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                   |
|-----------------|-------------------|
| Title           | MGRP              |
| Name            | TOPPINO, RICHARD  |
| Address         | 10 EGRET LANE     |
| City-State-Zip: | KEY WEST FL 33040 |

|                 |                   |
|-----------------|-------------------|
| Title           | MGRV              |
| Name            | TOPPINO, DANIEL   |
| Address         | PO BOX 787        |
| City-State-Zip: | KEY WEST FL 33041 |

|                 |                       |
|-----------------|-----------------------|
| Title           | MANAGER               |
| Name            | TOPPINO, PAUL         |
| Address         | 1500 CATHERINE STREET |
| City-State-Zip: | KEY WEST FL 33040     |

|                 |                                |
|-----------------|--------------------------------|
| Title           | MANAGER                        |
| Name            | TOPPINO, CASSANDRA             |
| Address         | 6205 MORRISON BLVD<br>APT #410 |
| City-State-Zip: | CHARLOTTE NC 28211             |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DANIEL TOPPINO

MANAGER

04/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date