

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013850

Entity Name: A AND P, LLC

FILED
Feb 26, 2009
Secretary of State

Current Principal Place of Business:

6041 SW 73RD ST RD
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

P O BOX 3128
OCALA, FL 34478

New Mailing Address:

FEI Number: 31-0627512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANORAMA, BAPATLA
6935 SE 14TH CT.
OCALA, FL 34480 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: MGRM () Delete
Name: BAPATLA, MANORAMA
Address: 6935 S.E. 14TH CT.
City-St-Zip: Ocala, FL 34480

Title: MGRM () Delete
Name: BAPATLA, AMRUTH
Address: 6935 SE 14TH CT.
City-St-Zip: Ocala, FL 34480

Title: MGRM () Delete
Name: ALFREDSUNDER, PERINBANAYAGAM
Address: 2917 SE 27TH AVE
City-St-Zip: Ocala, FL 34471

Title: MGRM () Delete
Name: ALFRED, LILIAN
Address: 2917 SE 27TH AVE
City-St-Zip: Ocala, FL 34471

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: ALFREDSUNDER, PERINBANAYAGAM
Address: 820 SE 36TH LANE
City-St-Zip: Ocala, FL 34471

Title: MGRM (X) Change () Addition
Name: ALFRED, LILIAN
Address: 820 SE 36TH LANE
City-St-Zip: Ocala, FL 34471

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: PERIN ALFRED, MD

MGRM

02/26/2009

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