

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000061302

FILED
Sep 28, 2009
Secretary of State**Entity Name:** A & T ENTERPRISES OF PALM BEACH LLC.**Current Principal Place of Business:**2951 SW POND WAY
PALM CITY, FL 34990 US**New Principal Place of Business:****Current Mailing Address:**2951 SW POND WAY
PALM CITY, FL 34990 US**New Mailing Address:****FEI Number:** 37-1568999**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NICOTRA, LEONARD
2951 SW POND WAY
PALM CITY, FL 34990 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: NOCOTRA, LEONARD
Address: 2951 SW POND WAY
City-St-Zip: PALM CITY, FL 34990 US**Title:** MGRM () Delete
Name: SCHIPF, KERILYNN
Address: 29 MARIPOSA LANE
City-St-Zip: PORT SAINT LUCIE, FL 34952 US**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM (X) Change () Addition
Name: TAGLIERI, KERILYNN
Address: 29 MARIPOSA LANE
City-St-Zip: PORT SAINT LUCIE, FL 34952 US**Title:** MGRM () Change (X) Addition
Name: TAGLIERI, JACK
Address: 29 MARIPOSA LANE
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

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: LEONARD NICOTRA

MGRM

09/28/2009

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