

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000058844

Entity Name: N&L BUTTERS, INC.**Current Principal Place of Business:**2005 W. CYPRESS CREEK RD. SUITE 202
FT. LAUDERDALE, FL 33309**Current Mailing Address:**2005 W. CYPRESS CREEK RD. SUITE 202
FT. LAUDERDALE, FL 33309 US**FEI Number:** 27-0508835**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUTTERS, LILA
2005 W. CYPRESS CREEK RD. SUITE 202
FT. LAUDERDALE, FL 33309 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	BUTTERS, LILA
Address	2005 W. CYPRESS CREEK RD. SUITE 202
City-State-Zip:	FT. LAUDERDALE FL 33309

Title	VD
Name	BUTTERS, MONA
Address	2005 W. CYPRESS CREEK RD. SUITE 202
City-State-Zip:	FT. LAUDERDALE FL 33309

Title	VD
Name	BUTTERS, DAVID
Address	2005 W. CYPRESS CREEK RD. SUITE 202
City-State-Zip:	FT. LAUDERDALE FL 33309

Title	TD
Name	BUTTERS COHEN, GAIL
Address	2005 W. CYPRESS CREEK RD. SUITE 202
City-State-Zip:	FT. LAUDERDALE FL 33309

Title	SD
Name	BUTTERS, DONNA
Address	2005 W. CYPRESS CREEK RD. SUITE 202
City-State-Zip:	FT. LAUDERDALE FL 33309

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LILA BUTTERS

PD

04/23/2014

Electronic Signature of Signing Officer/Director Detail_____
Date