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: PATRICK NICOLINI

Electronic Signature of Signing Officer/Director Detail

FEI Number: 65-0312251

Name and Address of Current Registered Agent:

LOGSDON, JOHN M 640 CLEMÁTIS ST. #308 WEST PALM BEACH, FL 33401 US

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105713

Entity Name: L, N & N CORP. OF 11490 OKEECHOBEE BOULEVARD

Current Principal Place of Business:

640 CLEMATIS ST. #308 WEST PALM BEACH, FL 33401

Current Mailing Address:

PO BOX 1801 DADE CITY, FL 33526

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

Officer/Director Detail :

Title	D	Title	D
Name	LOGSDON, JOHN M	Name	NICOLINI, PATRICK F
Address	640 CLEMATIS ST. #308 WEST PALM BEACH FL 33401	Address	P O BOX 1801
City-State-Zip:		City-State-Zip:	DADE CITY FL 33526
Title	D		
Name	NICOLINI, DONALD N		
Address	PO BOX 1801		
City-State-Zip:	DADE CITY FL 33526		

Certificate of Status Desired: No

FILED Jan 12, 2015 Secretary of State CC1292324671

> 01/12/2015 Date

Date

VP