

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000105713

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC5483454182**

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

**Current Principal Place of Business:**

801 SOUTH OLIVE AVE  
1622  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

PO BOX 1801  
DADE CITY, FL 33526

**FEI Number:** 65-0312251

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOGSDON, JOHN M  
801 SOUTH OLIVE AVE.  
1622  
WEST PALM BEACH, FL 33401 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           D  
Name           LOGSDON, JOHN M  
Address        801 SOUTH OLIVE AVE SUITE 1622  
City-State-Zip: WEST PALM BEACH FL 33401

Title           D  
Name           NICOLINI, PATRICK F  
Address        P O BOX 1801  
City-State-Zip: DADE CITY FL 33526

Title           D  
Name           NICOLINI, DONALD N  
Address        P.O. BOX 1198  
City-State-Zip: DEERFIELD BEACH FL 33443

*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

**D**

**01/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date