

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000013850

**Entity Name:** A AND P, LLC

**Current Principal Place of Business:**

6041 SW 73RD ST RD  
OCALA, FL 34476

**Current Mailing Address:**

P O BOX 3128  
OCALA, FL 34478

**FEI Number:** 31-0627512

**Certificate of Status Desired:** No

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

MANORAMA, BAPATLA  
6935 SE 14TH CT.  
OCALA, FL 34480 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

**Authorized Person(s) Detail :**

Title MGRM  
Name BAPATLA, MANORAMA  
Address 6935 S.E. 14TH CT.  
City-State-Zip: Ocala FL 34480

Title MGRM  
Name BAPATLA, AMRUTH  
Address 6935 SE 14TH CT  
City-State-Zip: Ocala FL 34480

Title MGRM  
Name ALFRED, PERIN  
Address 820 SE 36TH LANE  
City-State-Zip: Ocala FL 34471

Title MGRM  
Name ALFRED, LILIAN  
Address 820 SE 36TH LANE  
City-State-Zip: Ocala FL 34471

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PERIN ALFRED, MD

**OWNER**

**03/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date