

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007122

Entity Name: L & L PROPERTIES, LLC

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

4601 N. ARMENIA AVE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

4601 N. ARMENIA AVE
TAMPA, FL 33603

New Mailing Address:

FEI Number: 59-3721607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORENZO, GEORGE A
4601 N. ARMENIA AVENUE
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

ROSALES-LORENZO, ISNEL
4601 N. ARMENIA AVENUE
TAMPA, FL 33603 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: ISNEL ROSALES-LORENZO

01/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LORENZO, NANCY A
Address: 4601 N ARMENIA AVE
City-St-Zip: TAMPA, FL 33603

Title: MGRM () Delete
Name: LORENZO, GEORGE A
Address: 4601 N ARMENIA AVE
City-St-Zip: TAMPA, FL 33603

Title: MGR () Delete
Name: ROSALES-LORENZO, ISNEL TREAS
Address: 4601 N. ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ISNEL ROSALES-LORENZO

MGR

01/16/2009

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