

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018287

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: AND PAT, LLC

**Current Principal Place of Business:**

791 CAL COVE DR.  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

791 CAL COVE DR.  
FORT MYERS, FL 33919 US

**New Mailing Address:**

FEI Number: 65-1155113      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MCALPINE, RANDI  
791 CAL COVE DR.  
FORT MYERS, FL 33919 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ELIAS, ANDREW  
Address: 52 PARK AVE. E.  
City-St-Zip: MERRICK, NY 11566

Title: MGR ( ) Delete  
Name: SIMMS-ELIAS, PATRICE  
Address: 52 PARK AVE., E  
City-St-Zip: MERRICK, NY 11566

**ADDITIONS/CHANGES:**

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: ANDREW ELIAS

MGR

01/08/2008

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