2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L02000027524

1. Entity Name A & A, LLC



FILED Apr 29, 2004 08:00 AN Secretary of State

Principal Place of Business

2262 HARBOR VIEW DR. DUNEDIN, FL 34698 US Mailing Address

2262 HARBOR VIEW DR. DUNEDIN, FL 34698 US



DO NOT WRITE IN THIS SPACE

04202004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3728263

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

Name and Address of Current Registered Agent

MANDANI, KHAIRUNISSA 2262 HARBOR VIEW DR. DUMEDIN EL 24609

CITY-ST-ZIP

	Carlo de Carlo	حوالم المتعلقة	V	"ششد شسكند
5 Tab. 1 Alice 10		THE RESIDENCE OF CO.		45 56 565
Carried Attacks	A 14 A 1		2 74.1	3.3
			T 3 E 4	L. St. Better
DO		300000000000000000000000000000000000000	0.00000	*****
	SE 300 S T			
IN 1			****	· · · · · · · · · · · · · · · · · · ·

DONEDIN	,FL 34050		IN THIS S		
8. The above the obligat	named entity submits this statement for the purpose of characters of registered agent.	nging its registered office or registered	agent, or both, in the State of	f Florida. I am familiar	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required wi	en reinsteing)	DATE	
F. D	iling Fee is \$50.00 ue by May 1, 2004		U000 + 04/29/1	000138617 04-80088-001	SO OO
9.	MANAGING MEMBERS/MANAGERS		<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANDANI, KHAIRUNISSA 2262 HARBOR VIEW DR. DUNEDIN, FL 34698				
TITLE NAME STREET ADDRESS CXTY-ST-ZIP	1914 ·	. · •			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,-	_DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS S	SPACE	
TITLE NAME STREET ADDRESS CITY-51-ZIP					
TITLE NAME STREET ADDRESS					

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my 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: Charinesa Mandani	ul reloy	
signature and typed or printed have of signing mana ging member, or authorized repr	IRBENTATIVE Date Departs Phone #	