

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90038 022 ***138.75

DOCUMENT # L02000030727

1. Entity Name

L & L RESIDENTIAL, LLC



Principal Place of Business

4007 FONTANA PLACE
VALRICO FL 33594

33596

Mailing Address

PO BOX 1146
SEFFNER FL 33583-1146



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number 02-0653349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARMENTIER, LAWRENCE E
4007 FONTANNA PLACE
VALRICO FL 33594

33596

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME PARMENTIER, LAWRENCE
STREET ADDRESS 4007 FONTANNA PLACE
CITY- ST- ZIP VALRICO FL 33594

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS VALRICO FL 33596
CITY- ST- ZIP

TITLE MGRM ☐ Delete
NAME PARMENTIER, HEIDI
STREET ADDRESS 4007 FONTANNA PLACE
CITY- ST- ZIP VALRICO FL 33594

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS VALRICO FL 33596
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Lawrence Parmentier LAWRENCE PARMENTIER 4/16/08 813-363-0533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #