

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030978

Entity Name: L.E.L., LLC

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

35 FAIRGREEN AVE.
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

35 FAIRGREEN AVE.
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 06-1663621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFITH, LEE MGRM
214 GOLF CLUB DRIVE
NEW SMYRNA, FL 32168 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: GRIFFITH, KATHY MGR
Address: 214 GOLF CLUB DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM () Delete
Name: GONDA, EDWARD G MGRM
Address: 3531 NW 61ST CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM () Delete
Name: GRIFFITH, LEE B MGRM
Address: 214 GOLF CLUB DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: EDWARD G GONDA

MGRM

03/25/2009

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