

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000051

Entity Name: L & S PROPERTIES, LLC

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

802 SE 50TH TERRACE
OCALA, FL 34471

New Principal Place of Business:

521 NE 25TH AVENUE
OCALA, FL 34470

Current Mailing Address:

P.O. BOX 1989
OCALA, FL 34478

New Mailing Address:

FEI Number: 16-1645298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPINK, STEPHANIE M MGRM
802 SE 50TH TERRACE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

SPINK, STEPHANIE M MGRM
521 NE 25TH AVENUE
OCALA, FL 34470 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: STEPHANIE M SPINK

04/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SPINK, STEPHANIE M
Address: P.O. BOX 1989
City-St-Zip: OCALA, FL 34478

Title: MGRM () Delete
Name: ROZA, DONALD G
Address: PO BOX 1499
City-St-Zip: ANTHONY, FL 32617

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: STEPHANIE M SPINK

MS

04/13/2009

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