

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90164 017 ***138.75

DOCUMENT # L03000002433

1. Entity Name
L AND B GROUP, L.L.C.



Principal Place of Business
**13404 SW 104TH LN
DUNNELLON, FL 34432**

Mailing Address
**PO BOX 47512
SAINT PETERSBURG, FL 33743**

00003004



2. Principal Place of Business - No P.O. Box #
2898 66th St N

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

11-3674477

Not Applicable

Zip

Country

Zip

Country

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

**LOTT, LAWRENCE M
13404 S W 104 LANE
DUNNELLON, FL 34432**

Name

Lott, Lawrence M

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

2898 66th St N

City

St. Petersburg

FL

Zip Code

33710

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 reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LOTT, LAWRENCE M
13404 S W 104 LANE
DUNNELLON, FL 34432** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LOTT, LAWRENCE M
2898 - 66th ST. N.
St. Petersburg, FL 33710** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

[Signature]

4-8-08