2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # L03000015964

1. Entity Name
L&D LLC

Principal Place of Business	Mailing Address
20423 STATE ROAD 7 F6 #253 BOCA RATON, FL 33498	20423 STATE ROAD 7 F6 #253 BOCA RATON, FL 33498

02052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
73-1665233
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LESMES, ANA MARIA
7856 MONARCH COURT
DELRAY BEACH, FL 33446

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

000000100031
03/31/04-80029-022 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	LESMES, JAIME R
STREET ADDRESS	7856 MONARCH COURT
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	VP
NAME	DUQUE, SANTIAGO
STREET ADDRESS	7856 MONARCH COURT
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	DIR
NAME	LESMES, ANA MARIA
STREET ADDRESS	7856 MONARCH COURT
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 561-638 1472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #