

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000030249

1. Entity Name
L&C.PROPERTIES, LLC



Principal Place of Business

12002 DORADO DRIVE
NORTHPORT, FL 34287

Mailing Address

12002 DORADO DRIVE
NORTHPORT, FL 34287



04192007No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AVRAMENKO, LAWRENCE
12002 DORADO DR
NORTH PORT, FL 34287

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IN THIS SPACE**

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

**Filing Fee Is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	AVRAMENKO, LAWRENCE
STREET ADDRESS	3845 LYME AVENUE
CITY-ST-ZIP	BROOKLYN, NY 11224
TITLE	MGRM
NAME	AVRAMENKO, CLARA
STREET ADDRESS	3845 LYME AVENUE
CITY-ST-ZIP	BROOKLYN, NY 11224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Lawrence Avramenko

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

4.19.2007

Date

Daytime Phone #