

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90065 022 ***138.75

DOCUMENT # L03000042078

1. Entity Name

L & D INVESTORS, LLC



Principal Place of Business

9742 S.W. 56 TERRACE
MIAMI FL 33173

Mailing Address

9742 S.W. 56 TERRACE
MIAMI FL 33173

2. Principal Place of Business - No P.O. Box #

321 E 6th St.

3. Mailing Address

Suite, Apt. #, etc.

124

Suite, Apt. #, etc.

City & State

Hialeah FL 3

City & State

Zip

33010

Country

Fla.

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-2352803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ-GALARRAGA, JORGE
1313 PONCE DE LEON BLVD., STE. 301
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Leon F. Machin

Signature, typed or printed name of registered agent and fee for payable

(NOTE: Registered Agents are required when necessary)

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

TITLE MGRM ☐ Delete
NAME MACHIN, LEON
STREET ADDRESS 9742 S.W. 56 TERRACE
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Leon F. Machin* LEON F. MACHIN

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

Date

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