

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003422

FILED
Jul 05, 2007
Secretary of State

Entity Name: L & S IMPROVEMENTS LLC.

Current Principal Place of Business:

842 WINDING OAKS DR
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

842 WINDING OAKS DR
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 14-3112250 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MAXWELL, SCOTT D
842 WINDING OAKS DR
PALM HARBOR, FL 34683 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: S () Delete
Name: SILVIA, LAWRENCE
Address: 4239 GULF SHORE CT
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM () Delete
Name: MAXWELL, SCOTT
Address: 842 WINDING OAKS DR
City-St-Zip: PALM HARBOR, FL 34683

Title: V () Delete
Name: MAXWELL, SCOTT
Address: 842 WINDING OAKS DR
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SCOTT D MAXWELL

VP

07/05/2007

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