

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028077

FILED  
Jul 07, 2008  
Secretary of State

Entity Name: N&G INVESTMENTS, LLC

**Current Principal Place of Business:**

6443 NW 110TH AVE.  
PARKLAND, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

6443 NW 110TH AVE.  
PARKLAND, FL 33076

**New Mailing Address:**

FEI Number: 36-4557036      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:**

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 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: MGR ( ) Delete  
Name: KRICHMAR, TAMMY  
Address: 6443 NW 110TH AVE  
City-St-Zip: PARKLAND, FL 33076

Title: MGR ( ) Delete  
Name: KRICHMAR, JEFFREY  
Address: 6443 NW 110TH AVE  
City-St-Zip: PARKLAND, FL 33076

Title: MGR ( ) Delete  
Name: LAVELLE, JEFFREY  
Address: 14501 RIVIERA POINT DR  
City-St-Zip: ORLANDO, FL 32828

Title: MGR (X) Delete  
Name: LAVELLE, ANGIE  
Address: 14501 RIVIERA POINT DR  
City-St-Zip: ORLANDO, FL 32828

Title: MGR ( ) Delete  
Name: LAVELLE, TODD  
Address: 3938 HILLSMAN LANE  
City-St-Zip: MARIETTA, GA 30062

Title: MGR ( ) Delete  
Name: LAVELLE, KIM M  
Address: 3938 HILLSMAN LANE  
City-St-Zip: MARIETTA, GA 30062

**ADDITIONS/CHANGES:**

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

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

Title: MGR (X) Change ( ) Addition  
Name: LAVELLE, JEFFREY  
Address: 1244 N. BURGUNDY TRAIL  
City-St-Zip: JACKSONVILLE, FL 32259

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: TAMMY L KRICHMAR

MGR

07/07/2008

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