2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049908

Entity Name: A & M, LLC

FILED Jan 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

22115 US HWY 19 N CLEARWATER, FL 33765

Current Mailing Address: New Mailing Address:

22115 US HWY 19 N CLEARWATER, FL 33765

FEI Number: 20-1428026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALVAREZ, ANDRES 3021 ASHLAND TERRACE CLEARWATER, FL 33761 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:

Floatenia Gianatura of Deniatora d'Arrat

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

OWNR () Delete

Name: ALVAREZ, ANDRES
Address: 3021 ASHLAND TERRACE
City-St-Zip: CLEARWATER, FL 33761

Title: OWNR () Delete
Name: ALVAREZ, AARON
Address: 3021 ASHLAND TERRACE

City-St-Zip: CLEARWATER, FL 33761

Title: OWNR () Delete

Name: ALVAREZ, MARIA
Address: 3021 ASHLAND TERRACE
City-St-Zip: CLEARWATER, FL 33761

 Title:
 OWNR () Delete

 Name:
 EDWARDS, MARINA

 Address:
 6009 MOOG RD

City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES:

 $\begin{array}{lll} \hbox{Title:} & \hbox{MGR} & \hbox{(X) Change () Addition} \\ \hbox{Name:} & \hbox{ALVAREZ, ANDRES} \end{array}$

Address: 3021 ASHLAND TERRACE City-St-Zip: CLEARWATER, FL 33761

Title: MGR (X) Change () Addition

Name: ALVAREZ, AARON
Address: 3021 ASHLAND TERRACE
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM (X) Change () Addition

Name: ALVAREZ, MARIA
Address: 3021 ASHLAND TERRACE
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM (X) Change () Addition

Name: EDWARDS, MARINA Address: 6009 MOOG RD

City-St-Zip: NEW PORT RICHEY, FL 34653

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: ANDRES ALAVAREZ MGR 01/27/2009