2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000065262

1. Entity Name
A & D HOLDINGS, LLC



FILED Mar 03, 2008 08:00 A Secretary of State

Principal Place of Business

20440 DONOVAN DR SEMINOLE, AL 36574 Mailing Address

20440 DONOVAN DR SEMINOLE, AL 36574

US



01222008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 30-0270938

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOSMAN, JOHN D O'SULLIVAN CREEL, LLP; 316 S. BAYLEN ST. SUITE 200 PENSACOLA, FL 32502

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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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	HOSMAN, ANGIA L
STREET ADDRESS	20440 DONOVAN DR
CITY-ST-ZIP	SEMINOLE, AL 36574
TITLE	MGRM
NAME	HOSMAN, DON P
STREET ADDRESS	20440 DONOVAN DR
CITY-ST-ZIP	SEMINOLE, AL 36574
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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TITLE	
NAME	
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CITY+ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11 I hereby	certify that the information supplied with this filling does not qualify for the or

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11. I hereby certify that the information supplied with this filling 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:

GLA J. HOSMAN

OUTED NAME OF SIGNING MANAGING MEMBER. DR AUTHORIZ

HIGIO L

Hosman

2-22-08

251-946-2466