

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036459

FILED  
May 01, 2008  
Secretary of State

Entity Name: A & M LLC

**Current Principal Place of Business:**

12226 BEACH BLV  
SUITE 5  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

2275 BASALT DR E  
JACKSONVILLE, FL 32246

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) 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:**

DEL VALLE, GLADYS  
12041 BEACH BLV  
SUITE 2  
JACKSONVILLE, FL 32246 US

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

DEL VALLE, GLADYS  
9951 ATLANTIC BLVD  
SUITE 314  
JACKSONVILLE, FL 32225 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: GLADYS DELVALLE

05/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NASON, MICHAEL  
Address: 2275 BASALT DR E  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM ( ) Delete  
Name: VIVAS NASON, AMPARO  
Address: 2275 BASALT DR E  
City-St-Zip: JACKSONVILLE, FL 32246

**ADDITIONS/CHANGES:**

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: MICHAEL NASON

MGR

05/01/2008

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