2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2007 8:00 am Secretary of State

DOCUMENT # L05000037619 1. Entity Name L & T MEARS, LLC					04-27-2007	90041 035 ****5:	5.00	
Principal Place of Business 859 TARTAN DRIVE VENICE, FL 34293		Mailing Address 859 TARTAN DRIVE VENICE, FL 34293			à BRICLOINI BSHI BSHI OS			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04162007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numb			pplied For	
Zip	Country	Zip	Country	- -	of Status Desired	\$5.00 Add Fee Require	litional	
	6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New F	Registered Agent		
			Name					
MEARS, LON S 859 TARTAN DRIVE VENICE, FL 34293			Street Addres	s (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
	- 0.200							
			City		FL Zip Code			
8. The above the obligat	named entity submits this statement to ions of registered agent.	for the purpose of changing its	registered office or regis	tered agent, or bo	th, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered Agent signature requ	ired when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State			
D	ue by May 1, 2007						•	
9.	ue by May 1, 2007	ERS/MANAGERS	1 10.		Florida	a Department of State	•	
9.	ue by May 1, 2007 MANAGING MEMB	ERS/MANAGERS	10.			a Department of State	Addition	
9. TITLE NAME	MANAGING MEMB MGRM MEARS, LON S		TITLE NAME		Florida	a Department of State		
9.	MANAGING MEMB MGRM MEARS, LON S 859 TARTAN DRIVE		TITLE NAME STREET ADDRESS		Florida	a Department of State		
9. TITLE NAME STREET ADDRESS	MANAGING MEMB MGRM MEARS, LON S		TITLE NAME		Florida	a Department of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMB MGRM MEARS, LON S 859 TARTAN DRIVE VENICE, FL 34293 MGRM MEARS, TERESA L	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florida	A Department of State /CHANGES Change	Addition	
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1. I nereby 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-16-07

941-468-310

Daytime Phon