2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# L05000041575

Entity Name: LANH & NGHIA LLC

Current Principal Place of Business:

12497 SUGARBERRY WAY
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

12497 SUGARBERRY WAY
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 20-2735362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NGUYEN, NGHIA T
3544 ST JOHNS BLUFF RD S
603
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

NGUYEN, NGHIA T
12497 SUGARBERRY WAY
JACKSONVILLE, FL 32226 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: NGHIA T. NGUYEN 01/09/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: NGUYEN, NGHIA T
Address: 3544 ST JOHNS BLUFF RD S APT 603
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM ( ) Delete
Name: NGUYEN, LANH M
Address: 1657 HAWKIS COVE DR W
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NGUYEN, NGHIA T
Address: 12497 SUGARBERRY WAY
City-St-Zip: JACKSONVILLE, FL 32226

Title: MGRM (X) Change ( ) Addition
Name: NGUYEN, LANH M
Address: 1657 HAWKINS COVE DR W
City-St-Zip: JACKSONVILLE, FL 32246

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: NGHIA T. NGUYEN MGRM 01/09/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date