

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064866

Entity Name: SANCHEZ & COMPANY, L.L.C.

FILED
Feb 27, 2008
Secretary of State

Current Principal Place of Business:

7156 VIA LEONARDO
LAKE WORTH, FL 33467

New Principal Place of Business:

8960 EQUUS CIRCLE
BOYNTON BEACH, FL 33472

Current Mailing Address:

7156 VIA LEONARDO
LAKE WORTH, FL 33467

New Mailing Address:

8960 EQUUS CIRCLE
BOYNTON BEACH, FL 33472

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, ROBERTO L
7156 VIA LEONARDO
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

SANCHEZ, ROBERTO L
8960 EQUUS CIRCLE
BOYNTON BEACH, FL 33472 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: ROBERTO SANCHEZ

02/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SANCHEZ, SAMANTHA
Address: 7156 VIA LEONARDO
City-St-Zip: LAKE WORTH, FL 33467

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SANCHEZ, SAMANTHA
Address: 8960 EQUUS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472 US

Title: MGR () Change (X) Addition
Name: SANCHEZ, ROBERTO L
Address: 8960 EQUUS CIR
City-St-Zip: BOYNTON BEACH, FL 33472 US

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: ROBERTO SANCHEZ

MGR

02/27/2008

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