

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097875

Entity Name: R AND L PROPERTIES, LLC

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

4016 HENDERSON BLVD.
TAMPA, FL 33629

New Principal Place of Business:

4016 HENDERSON BLVD.
#E
TAMPA, FL 33629

Current Mailing Address:

4016 HENDERSON BLVD.
TAMPA, FL 33629

New Mailing Address:

4016 HENDERSON BLVD.
#E
TAMPA, FL 33629

FEI Number: 54-2185110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVINGER, LYNNE
4016 HENDERSON BLVD.
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

LOVINGER, LYNNE
4016 HENDERSON BLVD.
#E
TAMPA, FL 33629 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: LYNNE LOVINGER

01/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOVINGER, RICHARD
Address: 4016 HENDERSON BLVD
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Delete
Name: LOVINGER, LYNNE
Address: 4016 HENDERSON BLVD STE #E
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LOVINGER, LYNNE
Address: 4016 HENDERSON BLVD, STE #E
City-St-Zip: TAMPA, FL 33629

Title: MGRM (X) Change () Addition
Name: LOVINGER, RICH
Address: 4016 HENDERSON BLVD STE
City-St-Zip: TAMPA, FL 33629

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: LYNNE LOVINGER

MGR

01/08/2009

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