


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2008 8:00 am
Secretary of State

07-16-2008 90021 033 ***138.75

DOCUMENT # L05000113332	
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1. Entity Name
LD&JAC, LLC

Principal Place of Business 645 MICHIGAN AVE ENGLEWOOD, FL 34223 US	Mailing Address 645 MICHIGAN AVE ENGLEWOOD, FL 34223 US
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07122008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box # 642 Harvey St.	3. Mailing Address 642 Harvey St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Englewood, Florida	City & State Englewood, Florida
Zip 34223	Zip 34223
Country USA	Country USA

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent COVUCCI, JOSEPH JR. 645 MICHIGAN AVE ENGLEWOOD, FL 34223

7. Name and Address of New Registered Agent	
Name Covucci, Joseph JR	
Street Address (P.O. Box Number is Not Acceptable) 642 Harvey St.	
City Englewood	FL Zip Code 34223

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COVUCCI, JOSEPH JR 645 MICHIGAN AVE ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgrm Covucci, Joseph JR. 642 Harvey St. Englewood, Florida 34223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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: Joseph A. Covucci, Jr. 7-11-08 201-638-5805 cell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #