


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90063 049 \*\*\*138.75

<b>DOCUMENT # L06000008518</b>	
1. Entity Name <b>L &amp; A, L.L.C.</b>	

Principal Place of Business <b>1820 CHRISTOPHER POINT RD., SOUTH JACKSONVILLE, FL 32217</b>	Mailing Address <b>1820 CHRISTOPHER POINT RD., SOUTH JACKSONVILLE, FL 32217</b>
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**60031052**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country


03082008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-4234353</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ANSBACHER &amp; SCHNEIDER, P.A. 5151 BELFORT RD., BLDG 100 JACKSONVILLE, FL 32256</b>	
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7. Name and Address of New Registered Agent Name <b>LIAN SACAQUINI</b> Street Address (P.O. Box Number is Not Acceptable) <b>1820 CHRISTOPHER POINT RD., SOUTH</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32217</b>	
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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 	DATE <b>3/8/08</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SACAQUINI, LIAN 1820 CHRISTOPHER POINT ROAD, S JACKSONVILLE, FL 32217 <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	MGRM SACAQUINI, AGNES 1820 CHRISTOPHER POINT ROAD, S. JACKSONVILLE, FL 32217 <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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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: 	DATE <b>3/8/08</b> (904) 514-5051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	