

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000008518

Entity Name: L & A, L.L.C.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

1820 CHRISTOPHER POINT RD., SOUTH
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

1820 CHRISTOPHER POINT RD., SOUTH
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 20-4234353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACAQUINI, LIAN
1820 CHRISTOPHER POINT RD SOUTH
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SACAQUINI, LIAN
Address: 1820 CHRISTOPHER POINT ROAD, S
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGRM () Delete
Name: SACAQUINI, AGNES
Address: 1820 CHRISTOPHER POINT ROAD, S.
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LIAN SACAQUINI

CO

04/14/2009

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