

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013815

Entity Name: J & L ENTERPRISES LLC

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

9019 DEERCRESS CT.  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

## Current Mailing Address:

6950 PHILIPS HWY  
SUITE 6  
JACKSONVILLE, FL 32216

## New Mailing Address:

6950 PHILIPS HWY  
SUITE 11  
JACKSONVILLE, FL 32216

FEI Number: 04-3843937      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

PETERS, LORIE  
9019 DEERCRESS CT.  
JACKSONVILLE, FL 32256      US

## Name and Address of New Registered Agent:

PETERS, LORIE F OWNER  
9019 DEERCRESS CT.  
JACKSONVILLE, FL 32256      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: LORIE F PETERS

05/01/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: PETERS, LORIE  
Address: 9019 DEERCRESS CT.  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: PETERS, LORIE F  
Address: 9019 DEERCRESS CT.  
City-St-Zip: JACKSONVILLE, FL 32256

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: LORIE F PETERS

MNGR

05/01/2009

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