

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016929

Entity Name: J AND D, LLC

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

2003 N. OCEAN BOULEVARD
APT. 1002
BOCA RATON, FL 33431

New Principal Place of Business:

5605 S. W. 14TH AVENUE
CAPE CORAL, FL 33914

Current Mailing Address:

2003 N. OCEAN BOULEVARD
APT. 1002
BOCA RATON, FL 33431

New Mailing Address:

5605 S. W. 14TH AVENUE
CAPE CORAL, FL 33914

FEI Number: 20-4317321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WITTE, LARRY F
201 S.E. 24 AVENUE
POMPANO BEACH, FL 33062 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: DEPAOLA, DENNIS A
Address: 2003 N. OCEAN BOULEVARD APT. 1002
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: DEPAOLA, JOANN
Address: 2003 N. OCEAN BOULEVARD APT. 1002
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEPAOLA, DENNIS A
Address: 5605 S. W. 14TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM (X) Change () Addition
Name: DEPAOLA, JOANN
Address: 5605 S. W. 14TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

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: DENNIS A. DEPAOLA

MGRM

04/08/2009

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