

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90071 001 ***138.75

02-21-2008 90071 002 *****5.00

30000616



02012008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4843843** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DOCUMENT # L06000047504

1. Entity Name
A & A INVESTMENTS & PROPERTY MANAGEMENT, LLC



Principal Place of Business
**14065 SE 34TH TERR.
SUMMERFIELD, FL 34491**

Mailing Address
**14065 SE 34TH TERR.
SUMMERFIELD, FL 34491**

2. Principal Place of Business - No P.O. Box #
4849 SE 110 St.

Suite, Apt. #, etc.
UNIT 63

3. Mailing Address
same

Suite, Apt. #, etc.
same

City & State
Belleview

City & State
same

Zip
34420

Country
marion

Zip
34491

Country
FL

6. Name and Address of Current Registered Agent

**OBERLIES, NANCY
4519 SE 140 PL
BELLEVIEW, FL 34420**

Summerfield, FL 34491

7. Name and Address of New Registered Agent

Name
Summerfield

Street Address (P.O. Box Number is Not Acceptable)
FL

City
Summerfield

Zip Code
34491

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ALLISON, WALTER R 14065 SE 34TH TERR. SUMMERFIELD, FL 34491 <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	VP ALLISON, MARY E 14065 SE 34TH TERR. SUMMERFIELD, FL 34491 <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: *Mary Allison* **2-20-08** **352** **347-1033**

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

Od CH #'s 1182 & 1183