2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# L06000057233

Entity Name: A & D ENTERPRISES, LLC

Current Principal Place of Business:

8861 CYPRESS HAMMOCK DRIVE
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

8861 CYPRESS HAMMOCK DRIVE
TAMPA, FL 33614 US

New Mailing Address:

FEI Number: 20-5186365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LASMAN, JEFFREY M ESQ.
C/O LASMAN LAW FIRM, P.A.
6152 DELANCEY STATION STREET, SUITE 205
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

SCHOEMAN, ABEL A MR.
8861 CYPRESS HAMMOCK DR.
TAMPA, FL 33614 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: ABEL SCHOEMAN 03/31/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SCHOEMAN, ABEL A
Address: 8861 CYPRESS HAMMOCK DRIVE
City-St-Zip: TAMPA, FL 33614

Title: MGRM ( ) Delete
Name: SCHOEMAN, DEBORAH L
Address: 8861 CYPRESS HAMMOCK DRIVE
City-St-Zip: TAMPA, FL 33614

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: ABEL SCHOEMAN MGRM 03/31/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date