

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-08-2007 90141 017 ****50.00

DOCUMENT # L06000062382 1. Entity Name A & D PROPERTIES, LLC					
Principal Place of Business 260 HOLLYWOOD FOREST DRIVE ORANGE PARK FL 32003			Mailing Address 260 HOLLYWOOD FOREST DRIVE ORANGE PARK FL 32003		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5202720	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEO, CHARLES HENRY JR. 260 HOLLYWOOD FOREST DRIVE ORANGE PARK FL 32003				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR LEO, CHARLES HENRY JR. 260 HOLLYWOOD FOREST DRIVE ORANGE PARK FL 32003	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR LEO, BRENDA KAY 260 HOLLYWOOD FOREST DRIVE ORANGE PARK FL 32003	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:			1-28-07 (904) 278-0900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		