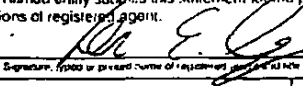
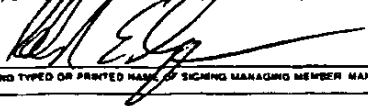


FILED
Aug 30, 2007 8:00 am
Secretary of State

06-01-2007 90095 007 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L06000104129					
1. Entity Name L & J SALES LLC.					
Principal Place of Business 3096 HAVENGATE DRIVE GREEN COVE SPRINGS FL 32043 US			Mailing Address 3096 HAVENGATE DRIVE GREEN COVE SPRINGS FL 32043 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 205806111	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent INGRAM, RON E 3096 HAVENGATE DRIVE GREEN COVE SPRINGS FL 32043				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 				DATE 5-27-07	
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent Signature is required when filing annual report)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007					
9. MANAGING MEMBERS / MANAGERS					
10. ADDITIONS / CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
MG MR Ronald E. Ingram 3096 Havengate Dr Green Cove Springs, FL 32043					
☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
☐ Delete			☐ Change ☐ Addition		
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
7-26-07 907-305-9816					