

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014288

Entity Name: L & A SERVICES L.L.C

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

83 EAST HIGH STREET
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

83 EAST HIGH STREET
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-8404921 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PENA, CINDY
83 EAST HIGH STREET
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

RIVERA, CINDY
83 EAST HIGH STREET
OVIEDO, FL 32765 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: CINDY RIVERA

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RIVERA, FERNANDO L
Address: 83 EAST HIGH STREET
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: PENA, CINDY
Address: 83 EAST HIGH STREET
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RIVERA, CINDY
Address: 83 EAST HIGH STREET
City-St-Zip: OVIEDO, FL 32765

Title: MGRM (X) Change () Addition
Name: RIVERA, FERNANDO L
Address: 83 EAST HIGH STREET
City-St-Zip: OVIEDO, FL 32765

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: CINDY RIVERA

PRES

05/01/2008

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