

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 17, 2008 8:00 am
Secretary of State

05-01-2008 90021 015 ***138.75

DOCUMENT # L07000043168 1. Entity Name P&L ENTERPRISES, LLC					
Principal Place of Business 233 CRAFT ROAD BRANDON, FL 33511 US			Mailing Address 233 CRAFT ROAD BRANDON, FL 33511 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	03282008 Chg-LLC CR2E083 (12/06)	
4. FEI Number				☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GLASSCOCK, PAUL E 233 CRAFT ROAD BRANDON, FL 33511			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 <u>Paul E. Glasscock</u> <u>Paul E. Glasscock</u> <u>6/13/08</u> Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agents signature required when renewing)		
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	MGR GLASSCOCK, PAUL E 233 CRAFT ROAD BRANDON, FL 33511	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLASSCOCK, LURLENE L 233 CRAFT ROAD BRANDON, FL 33511	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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: <u>Paul E. Glasscock</u> <u>Paul E. Glasscock</u> <u>6/13/08</u> <u>828.735-0145</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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