

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085952

FILED
Jul 11, 2008
Secretary of State

Entity Name: N & E SONS, L.L.C.

Current Principal Place of Business:

10707 VERSAILLES BLVD.
WELLINGTON, FL 33467 US

New Principal Place of Business:

10707 VERSAILLES BLVD.
WELLINGTON, FL 33449 US

Current Mailing Address:

10707 VERSAILLES BLVD.
WELLINGTON, FL 33467 US

New Mailing Address:

3121 FAIRLANE FARMS RD
8
WELLINGTON, FL 33414

FEI Number: 61-1542362 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:

GUSTAVO, RAMIREZ
10707 VERSAILLES BLVD
WELLINGTON, FL 33467 US

Name and Address of New Registered Agent:

GUSTAVO, RAMIREZ
10707 VERSAILLES BLVD
WELLINGTON, FL 33449 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:

07/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RAMIREZ, GUSTAVO
Address: 10707 VERSAILLES BLVD.
City-St-Zip: WELLINGTON, FL 33467 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RAMIREZ, GUSTAVO
Address: 10707 VERSAILLES BLVD.
City-St-Zip: WELLINGTON, FL 33449 US

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: GUSTAVO RAMIREZ

MGR

07/11/2008

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