


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State


04-18-2008 90152 048 ***138.75

DOCUMENT # L07000119925	
1. Entity Name L & L SPED, LLC	

Principal Place of Business 424 E CENTRAL BLVD #106 ORLANDO, FL 32801 US	Mailing Address 424 E CENTRAL BLVD #106 ORLANDO, FL 32801 US
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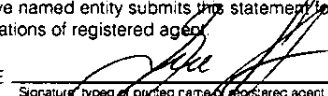
2. Principal Place of Business - No P.O. Box # 2015 S TUTTLE AVE	3. Mailing Address 2015 S TUTTLE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SARASOTA FL	City & State SARASOTA FL
Zip 34239	Country USA
Zip 34239	Country USA

	
01222008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 98-0561689	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
IMWORLD SERVICES, INC. 424 E CENTRAL BLVD # 106 ORLANDO, FL 32801	

7. Name and Address of New Registered Agent	
Name Imworld Services, Inc	
Street Address (P.O. Box Number is Not Acceptable)	
424 E Central Blvd # 106	
City Orlando	FL Zip Code 32801

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 1/22/2008
Imre Szafrics	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUKACS, PAL FRISS UTCA 6 NYIREGYHAZA, HUNGARY, HU 4551 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUKACS, PAL JR. FRISS UTCA 6 NYIREGYHAZA, HUNGARY, HU 4551 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUKACS, ATTILA FRISS UTCA 6 NYIREGYHAZA, HUNGARY, HU 4551 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE: 	LUKACS PAL	03/27/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #