2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2009
Secretary of State

DOCUMENT# L07000119925

Entity Name: L & L SPED, LLC

Current Principal Place of Business:

2015 S TUTTLE AVE
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

2015 S TUTTLE AVE
SARASOTA, FL 34239 US

New Mailing Address:

FEI Number: 98-0561689 **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:

IMWORLD SERVICES, INC
424 E CENTRAL BLVD
106
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LUKACS, PAL
Address: FRISS UTCA 6
City-St-Zip: NYIREGYHAZA, HUNGARY, HU 4551 HU

Title: MGRM ( ) Delete
Name: LUKACS, PAL JR.
Address: FRISS UTCA 6
City-St-Zip: NYIREGYHAZA, HUNGARY, HU 4551 HU

Title: MGRM ( ) Delete
Name: LUKACS, ATTILA
Address: FRISS UTCA 6
City-St-Zip: NYIREGYHAZA, HUNGARY, HU 4551 HU

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PAL LUKACS MGRM 07/13/2009

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