2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# L08000088710

Entity Name: J & L AMADOR, LLC

Current Principal Place of Business:

16102 EMERALD ESTATES DR
UNIT 306
WESTON, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

16102 EMERALD ESTATES DR
UNIT 306
WESTON, FL 33331 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMADOR, JORGE
16102 EMERALD ESTATES DR
UNIT 306
WESTON, FL 33331 US

Name and Address of New Registered Agent:

AMADOR, JORGE A
16102 EMERALD ESTATES DR
UNIT 306
WESTON, FL 33331 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: JORGE A. AMADOR 03/11/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: AMADOR, JORGE
Address: 16102 EMERALD ESTATES DR UNIT 306
City-St-Zip: WESTON, FL 33331 US

Title: MGR ( ) Delete
Name: AMADOR, LUZ
Address: 16102 EMERALD ESTATES DR UNIT 306
City-St-Zip: WESTON, FL 33331 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: AMADOR, JORGE A
Address: 16102 EMERALD ESTATES DR UNIT 306
City-St-Zip: WESTON, FL 33331 US

Title: MGR (X) Change ( ) Addition
Name: AMADOR, LUZ M
Address: 16102 EMERALD ESTATES DR UNIT 306
City-St-Zip: WESTON, FL 33331 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: LUZ M. AMADOR MGR 03/11/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date