

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099163

FILED
Apr 17, 2009
Secretary of State

Entity Name: "JLAGRANGE FLORIDA L.L.C."

Current Principal Place of Business:

4738 STONEVIEW CIRCLE
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

4738 STONEVIEW CIRCLE
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 26-3574974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAVLOV, STEFAN P
4738 STONEVIEW CIRCLE
OLDSMAR, FL 34677 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: P () Delete
Name: YANEV, MARTIN
Address: 4738 STONEVIEW CIRCLE
City-St-Zip: OLDSMAR, FL 34677

Title: VP () Delete
Name: PAVLOV, STEFAN
Address: 4738 STONEVIEW CIRCLE
City-St-Zip: OLDSMAR, FL 34677

Title: MGR (X) Delete
Name: MARINOV, ANTONI
Address: 4738 STONEVIEW CIRCLE
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: YANEV, MARTIN
Address: 4738 STONEVIEW CIRCLE
City-St-Zip: OLDSMAR, FL 34677

Title: MGR (X) Change () Addition
Name: PAVLOV, STEFAN
Address: 4738 STONEVIEW CIRCLE
City-St-Zip: OLDSMAR, FL 34677

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: STEFAN PAVLOV

MGR

04/17/2009

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