

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002051

Entity Name: L & N HOLDINGS, LLC

FILED
Apr 24, 2008
Secretary of State

Current Principal Place of Business:

1701 E. ATLANTIC BLVD. #5
POMPANO BEACH, FL 33060

New Principal Place of Business:

1701 E. ATLANTIC BLVD.
SUITE 5
POMPANO BEACH, FL 33060

Current Mailing Address:

1701 E. ATLANTIC BLVD. #5
POMPANO BEACH, FL 33060

New Mailing Address:

1701 E. ATLANTIC BLVD.
SUITE 5
POMPANO BEACH, FL 33060

FEI Number: 65-0866670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, LAURIE MANAGER
1701 E. ATLANTIC BLVD. #5
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

JONES, LAURIE MANAGER
1701 E. ATLANTIC BLVD.
SUITE 5
POMPANO BEACH, FL 33060 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: LAURIE JONES

04/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCABE, NANCY R
Address: 1701 E. ATLANTIC BLVD. #5
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGRM () Delete
Name: JONES, LAURIE
Address: 1701 E. ATLANTIC BLVD. #5
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES:

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: LAURIE JONES

MGR.

04/24/2008

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