## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000080382

Entity Name: L & R FAMILY, INC.

Name:

Address:

City-St-Zip:

PATEL, SUNNIE

1402 HWY 31 SOUTH

BAY MINETTE, AL 38507

FILED Jul 02, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1402 HWY BAY MINE	/31 S ETTE, AL 3650	7			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1402 HW\ BAY MINE	/31 S ETTE, AL 3650	7			
FEI Number	: 59-3736396	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	e of Florida.	submits this statement for the pu	urpose of changing its registere	d office or registered agent, or both,	
		nic Signature of Registered Ager	nt	Date	
Election Ca	mpaign Financin	3(2)(b), F.S., the corporation did not g Trust Fund Contribution ( ).	·	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PATEL, RASIK 1360 DINSMOR	) Delete	Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTORS: ( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PATEL, LATA 1360 DINSMOR	Delete RE CT CHEY, FL 34655	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title <sup>.</sup>	DM (	Delete	Title:	( ) Change ( ) Addition	

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RASIK PATEL P 07/02/2009