2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104482

Entity Name: L & L CONSULTING, INC.

465 ORRICK LANE

GREENEVILLE, TN 37743

Address: City-St-Zip: FILED Apr 18, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2655 N OC	CEAN		2655 N OCEAN 100		
SINGER IS	SLAND, FL 33404 U	S	SINGER ISLAND, FL	33404 US	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2655 N OC 310		o o	2655 N OCEAN 100 SINGER ISLAND FL	33404 US	
		_	SINGER ISLAND, FL		
FEI Number:	: 65-0887234 FEI Nun	nber Applied For () FE	El 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:	
HEATON, LEE W 2655 N. OCEAN DR #310 WEST PALM BEACH, FL 33404 US The above named entity submits this statement for the purpose of				2655 N. ÓCEAN DR 100 WEST PALM BEACH, FL 33404 US	
	e of Florida.			, , , , , , , , , , , , , , , , , , ,	
SIGNATURE:				04/18/2009	
	Electronic Signat	ure of Registered Agent		Date	
Election Car	npaign Financing Trust Fui	nd Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete HEATON, LINN D 121 NW 12TH STREET DELRAY BEACH, FL 3344	44	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete HEATON, LEE W 2141 ASCOTT RD JUNO BEACH, FL 33408		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VST () Delete DENTRY, DEBORAH A		Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: DEBORAH A DENTRY VP 04/18/2009