

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000088320

Entity Name: L AND L TRUCK REPAIRS, INC.

FILED  
Jun 19, 2009  
Secretary of State

## Current Principal Place of Business:

17440 NORTH WEST 2ND AVENUE  
MIAMI, FL 33169

## New Principal Place of Business:

17440 NW 2ND AVENUE  
MIAMI, FL 33169

## Current Mailing Address:

17440 NORTH WEST 2ND AVENUE  
MIAMI, FL 33169

## New Mailing Address:

17440 NW 2ND AVENUE  
MIAMI, FL 33169

FEI Number: 65-0953299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUTLER, LAWRENCE  
5118 ADAMS STREET  
HOLLYWOOD, FL 33021 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BUTLER, LAWRENCE J  
Address: 17440 NW 2ND AVENUE  
City-St-Zip: MIAMI, FL 33169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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.

SIGNATURE: LAWRENCE BUTLER

P

06/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date