# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 22, 2009**
**Secretary of State**

DOCUMENT# L06000063304

**Entity Name:** CENTRAL FLORIDA MIRACLE LEAGUE OF ORLANDO LLC

**Current Principal Place of Business:**

9114 GALLEN DR
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

POB 664
WINDERMERE, FL 34786

**New Mailing Address:**

PO BOX 664
WINDERMERE, FL 34786

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PUCKETT, KELLY
9114 GALLEN DR
ORLANDO, FL 32819 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: MGR ( ) Delete
Name: PUCKETT, KELLY
Address: 9114 GALLEN DR
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES:**

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: KELLY PUCKETT MGR 04/22/2009

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