

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083248

FILED  
Jan 25, 2009  
Secretary of State

**Entity Name:** STORK NEWS OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

781 PICKERINGTON PLACE  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

781 PICKERINGTON PLACE  
OVIEDO, FL 32765 US

**New Mailing Address:**

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

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

KLEEB, LESLIE S MGRM  
781 PICKERINGTON PLACE  
OVIEDO, FL 32765 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:                      MRS                      ( ) Delete  
Name:                      LESLIE SCHAFFNER KLE, EB, MANAGER ME M BER  
Address:                      781 PICKERINGTON PLACE  
City-St-Zip:                      OVIEDO, FL 32765 US

Title:                      MR                      ( ) Delete  
Name:                      MARK EDWARD KLEEB, M, EMBER  
Address:                      781 PICKERINGTON PLACE  
City-St-Zip:                      OVIEDO, FL 32765 US

**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: LESLIE SCHAFFNER KLEEB                      MGRM                      01/25/2009

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