


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2008 8:00 am
Secretary of State


07-22-2008 90026 021 ***143.57

DOCUMENT # L00000006033	
1. Entity Name L.T. KIDS, LLC	

Principal Place of Business 1510 NW 13TH STREET GAINESVILLE, FL 32601	Mailing Address 1510 NW 13TH STREET GAINESVILLE, FL 32601
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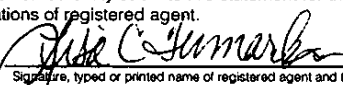
50008761

2. Principal Place of Business - No P.O. Box # 6440 Newberry Rd Suite, Apt. #, etc. Ste 405	3. Mailing Address 6440 Newberry Rd Suite, Apt. #, etc. Ste 405
City & State Gainesville, FL	City & State Gainesville, FL
Zip 32605	Country USA

	
07112008	Chg-LLC
CR2E083 (12/06)	
4. FEI Number 59-3257226	Applied For Not Applicab
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TUMARKIN, LISA C 1510 NW 13TH STREET GAINESVILLE, FL 32601	
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7. Name and Address of New Registered Agent Name Lisa C. Tumarkin, MD Street Address (P.O. Box Number is Not Acceptable) 6440 Newberry Rd Ste 405 City Gainesville FL Zip Code 32605	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Lisa C. Tumarkin	DATE 7/18/08

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TUMARKIN, LISA C 1510 NW 13TH ST GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit 6440 Newberry Rd Ste 405 Gainesville, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRUVER, GAIL S 1510 NW 13TH STREET GAINESVILLE, FL 32601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 	DATE 7/18/08	352-333-5405
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