

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000007112

1. Entity Name
LEISNER ENTERPRISES, L.C.



Principal Place of Business
536 BLAKE RD.
DAYTONA BEACH, FL 32119

Mailing Address
536 BLAKE RD.
DAYTONA BEACH, FL 32119

DO NOT WRITE IN THIS SPACE



03012007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3664069

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

TUMBLESON, J. DOYLE ESQ.
150 S. PALMETTO AVENUE, BOX A
DAYTONA BEACH, FL 32114

**DO NOT WRITE
IN THIS SPACE**

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEISNER, ROBERT W
536 BLAKE ROAD
SOUTH DAYTONA, FL 32119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MOORE, DEBORA L
1419 NEW BOLTON DR
PORT ORANGE, FL 32129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000674126
03/29/07-80055-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *Robert W. Leisner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03-15-07 (386) 741-5107
Date Daytime Phone #