

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Jun 28, 2004 8:00 am
Secretary of State

06-15-2004 90168 006 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L01000009003					
1. Entity Name LEAN ENTERPRISE HOLDING UNLIMITED, LLC.					
Principal Place of Business 3120 DOWN'S COVE ROAD WINDERMERE FL 34786			Mailing Address 9066 Harbor Lake Drive 3120 DOWN'S COVE ROAD WINDERMERE FL 34786		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number NO-T APPLICABLE	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOORE, MICHAEL L 640 NORTH HILLSIDE AVENUE ORLANDO FL 32803			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: MGRM NAME: STUDLEY, MICHAEL P STREET ADDRESS: 3120 DOWN'S COVE ROAD 9066 Harbor Lake Drive CITY-ST-ZIP: WINDERMERE FL 34786			TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Michael Studley</u> 6/24/04 407 448 2398					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					