

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90208 037 ***138.75

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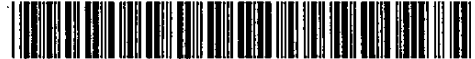
1. Entity Name
SUMMER LEA, LLC



Principal Place of Business
**3974 SE 150TH STREET
SUMMERFIELD, FL 34491 US**

Mailing Address
**11450 SE 53RD CT
BELLEVUE, FL 34420 US**

60014714



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02292008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-0917772

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WALSH, LISA-ANN G
3974 SE 150TH STREET
SUMMERFIELD, FL 34491**

Name **WALSH, LISA-ANN G.**
Street Address (P.O. Box Number is Not Acceptable)
11450 SE 53RD COURT

City **BELLEVUE** FL Zip Code **34420**

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-Ann G. Walsh

02/29/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **WALSH, LISA-ANN G**
STREET ADDRESS **3974 SE 150TH STREET**
CITY-ST-ZIP **SUMMERFIELD, FL 34491**

TITLE **MGR** ☒ Change ☐ Addition
NAME **WALSH, LISA-ANN G**
STREET ADDRESS **11450 SE 53RD COURT**
CITY-ST-ZIP **BELLEVUE, FL 34420**

TITLE **MGR** ☒ Delete
NAME **WALSH, AMI-LEE N**
STREET ADDRESS **3974 SE 150TH STREET**
CITY-ST-ZIP **SUMMERFIELD, FL 34491**

TITLE **MGR** ☒ Change ☐ Addition
NAME **WALSH, AMI-LEE N**
STREET ADDRESS **11450 SE 53RD COURT**
CITY-ST-ZIP **BELLEVUE, FL 34420**

TITLE **MGR** ☒ Delete
NAME **BURT, JOHN T**
STREET ADDRESS **3974 SE 150TH STREET**
CITY-ST-ZIP **SUMMERFIELD, FL 34491**

TITLE **MGR** ☒ Change ☐ Addition
NAME **BURT, JOHN T**
STREET ADDRESS **11450 SE 53RD COURT**
CITY-ST-ZIP **BELLEVUE, FL 34420**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Lisa-Ann G. Walsh*

02/29/08

352-812-1262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #