

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90062 026 \*\*\*138.75

60004525



|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # L02000032747</b><br>1. Entity Name<br>CORPORATE GOVERNANCE AND LEADERSHIP, LLC   |  |   |  |  |  |
| Principal Place of Business<br>399 W. BAMINO GARDENS BL<br>#307<br>BOCA RATON, FL 33432  |  |   | Mailing Address<br>PO BOX 4877<br>DEERFIELD BEACH, FL 33442-4877   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>333 CAMINO GARDENS BL<br>Suite, Apt. #, etc.<br>#200<br>City & State<br>BOCA RATON, FL<br>Zip<br>33432<br>Country<br>US  |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip<br>Country |  |  |  |
| 6. Name and Address of Current Registered Agent<br>FIRESTONE, DEBORAH<br>7910 TENNYSON CT<br>BOCA RATON, FL 33433  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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.<br>SIGNATURE <u>Debbie Firestone 1/25/08</u><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  | <b>Make check payable to —</b><br><b>Florida Department of State</b>        |  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>EPSTEIN-FIRESTONE, DEBORAH<br>7910 TENNYSON COURT<br>BOCA RATON, FL 33433 |   | <input type="checkbox"/> Delete  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| 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: <u>Debbie Firestone, Mg</u> <u>Debbie Firestone</u> <u>1/25/08</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>   |  |   |  |  |  |