

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017892

Entity Name: LOVE ME OR LEAVE ME, LLC

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

2037 WINTERMERE POINTE DRIVE
WINTER GARDEN, FL 34787

New Principal Place of Business:

8724 ELLESMERE PLACE
ORLANDO, FL 32836

Current Mailing Address:

2037 WINTERMERE POINTE DRIVE
WINTER GARDEN, FL 34787

New Mailing Address:

PO BOX 1390
WINDERMERE, FL 34786

FEI Number: 20-0439137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESSINA, SCOTT A MGMR
2037 WINTERMERE POINTE DRIVE
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

MESSINA, SCOTT A MGMR
8724 ELLESMERE PLACE
ORLANDO, FL 32836 US

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.

SIGNATURE: SCOTT MESSINA

04/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MESSINA, SCOTT A
Address: 2037 WINTERMERE POINTE DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM () Delete
Name: ALLEN, TIERNEY E
Address: PO BOX 1390
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MESSINA, SCOTT A
Address: 8724 ELLESMERE PLACE
City-St-Zip: ORLANDO, FL 32836

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT A. MESSINA

MGMR

04/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date