2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
May 19, 2004 8:00 am
Secretary of State

04-16-2004 90408 004 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000028350

1. Entity Name

LEANNAH E. KRAUSS, LLC

Principal Place of Business	Mailing Address
ROUTE 23, BOX 1513 LAKE CITY FL 32025	ROUTE 23, BOX 1513 LAKE CITY FL 32025

2. Principal Place of Business	3. Mailing Address
173 S E. Becky Terr	P.O Box 1725
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake City Fl	City & State: Lake City Fl
Zip: 32025 Country: USA	Zip: 32056 Country: USA

4. FEI Number: 20-0175374 ☐ 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
KRAUSS, LEANNAH E ROUTE 23, BOX 15113 LAKE CITY FL 32025	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: Leannah E Krauss 3-29-04
Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRAUSS, LEANNAH E ROUTE 23, BOX 1513 LAKE CITY FL 32025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 173 S E. Becky Terr
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Leannah E Krauss Leannah E. KRAUSS 3-29-04 386-719-6649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #