

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90286 031 ****50.00

DOCUMENT # L03000034897

1. Entity Name

LEAWARD NEW HAMPSHIRE, L.L.C.



Principal Place of Business

247 SPRING LINE DRIVE
VERO BEACH FL 32963

Mailing Address

247 SPRING LINE DRIVE
VERO BEACH FL 32963

2. Principal Place of Business

1830 EAST SANDPONT LANE

3. Mailing Address

1830 EAST SANDPONT LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL.

City & State

VERO BEACH, FL

Zip

32963

Country

INDIAN RIVER

Zip

32963

Country

INDIAN RIVER

4. FEI Number

56-2412453

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

Name

Street Address (P.O. Box Number is Not Acceptable)

1830 EAST SANDPONT LANE

City

VERO BEACH, FL

FL

Zip Code

32963

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

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, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME LEA, JEFFREY
STREET ADDRESS 247 SPRING LINE DR.
CITY-ST-ZIP VERO BEACH FL 32963

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

TITLE MGR ☐ Delete
NAME LEA, PATRICIA
STREET ADDRESS 247 SPRING LINE DR.
CITY-ST-ZIP VERO BEACH FL 32963

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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: Jeffrey Leaward Jeffrey Leaward MANAGER 1/31/05 772-234-5377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #