

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**  
**Mar 05, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000037516**

1. Entity Name

**CORPORATE SALES LEADS, LLC**



Principal Place of Business

**8413 LAUREL FAIR CIR.  
SUITE 101  
TAMPA FL 33610**

Mailing Address

**8413 LAUREL FAIR CIR.  
SUITE 101  
TAMPA FL 33610**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/07)

Zip

Country

Zip

Country

4. FEI Number

**47-0932443**

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

**HAUGHEY, R.J. II  
401 E. JACKSON ST.  
SUITE 2225  
TAMPA FL 33606**

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

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

(NOTE: Registered Agent's signature is required when installing)

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 ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **PEARSON, GLENN**  
CITY-ST-ZIP **8413 LAUREL FAIR CIR, STE 100**  
**TAMPA FL 33610**

TITLE ☐ Change ☐ Addition  
NAME **U000000848580**  
STREET ADDRESS **03/20/08-80021-025**  
CITY-ST-ZIP **138.75**

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **FILA, IAN**  
CITY-ST-ZIP **8413 LAUREL FAIR CIR., STE 100**  
**TAMPA FL 33610**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
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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 Section 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:

*Donna Chandler* **Donna Chandler**

**3/3/08**

**813-367-0026**

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

Date

Daytime Phone #