LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # んの3000056761 Leguire, LLC



FILED May 26, 2005 8:00 am Secretary of State 05-26-2005 90314 018 ****50.00

352.380-0855

DO NOT WRITE IN THIS SPACE			
Principal Place of Business 3	3. Mailing Address		_
2220 N.W SS BLVd	2220 N.W. 55 Blud.		
Suite, Apt., #, etc. Suite, Apt. #, etc. # 40 # 40			DO NOT WRITE IN THIS SPACE
Continues ville FL.	City & State GAI'NESVILLE FL.		4. FEI Number Applied For Not Applicable
Zip Country US.	^{Zip} 32653	Country 4.5	5. Certificate of Status Desired
		Name , /	7. Name and Address of Current Registered Agent
DO NOT WRITE IN THIS SPACE		. Kev	I: N Leguire 5 (P.O. Box Number is Not Acceptable)
			N.W. 55 BLVd. #40
_		City Con !	wesville FL 32653
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. Kevin Leguine - President 5-9-05 DATE			
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1			
9. MANAGING MEMBERS	MANAGERS		
TITLE PRESIDENT		THLE	
NAME Kevin Leguire		NAME	
STREET ADDRESS 2220 N.W. SSBLVd. #40 CITY-ST-ZIP GAINES VILLE, FL. 32653		STREET ADORESS CITY-ST-ZIP	
COAINESVILLE, Fl. 32653			
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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.