

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000009547

Entity Name: LESLIE L. FLAGE, LLC

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9200 NW 36TH PLACE  
SUITE A  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 907  
ALACHUA, FL 32616

**New Mailing Address:**

FEI Number: 51-0497225

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEEGAN, TIMOTHY P  
9200 NW 36TH PLACE  
SUITE A  
GAINESVILLE, FL 32606 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FLAGE, LESLIE L  
Address: P O BOX 907  
City-St-Zip: ALACHUA, FL 32616

Title: MGRM  
Name: FLAGE, LESLIE L  
Address: P O BOX 907  
City-St-Zip: ALACHUA, FL 32616

I hereby 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: LESLIE L. FLAGE

MNG

04/04/2011

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