

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045922

Entity Name: LEAGUE OF THEIR OWN, L.L.C.

FILED
Feb 03, 2006
Secretary of State

Current Principal Place of Business:

8371 BEDNOCK LANE
MIAMI LAKES, FL 33016

New Principal Place of Business:

8371 REDNOCK LANE
MIAMI LAKES, FL 33016

Current Mailing Address:

8371 BEDNOCK LANE
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 20-1278418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, DIANA
10263 SW 127 PL
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

EAGAN, ALBA
8371 REDNOCK LANE
MIAMI LAKES, FL 33016 US

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: ALBA EAGAN

02/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALVAREZ, DIANA
Address: 10263 S.W. 127 PLACE
City-St-Zip: MIAMI, FL 33186

Title: MGRM () Delete
Name: EAGAN, ALBA
Address: 8371 REDNOCK LANE
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGRM () Delete
Name: RUIZ, LESBIA E
Address: 123 SALAMANCA APT 4
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: ALBA EAGAN

MS

02/03/2006

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