

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049159

Entity Name: LTG OF FLORIDA, LLC

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

C/O LEADERSHIP TRANSFORMATION GROUP, LLC
121 WEST 27 ST. SUITE 602
NEW YORK, NY 10001 US

New Principal Place of Business:

Current Mailing Address:

C/O LEADERSHIP TRANSFORMATION GROUP, LLC
121 WEST 27 ST. SUITE 602
NEW YORK, NY 10001 US

New Mailing Address:

FEI Number: 13-3837750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWIE, STANLEY R JR
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 () Delete
Name: LABOY, EDWARD
Address: 121 WEST 27 ST SUITE 602
City-St-Zip: NEW YORK, NY 10001 US

Title: MGR () Delete
Name: TOLLIVER, WILLIE F
Address: 121 WEST 27 ST. SUITE 602
City-St-Zip: NEW YORK, NY 10001 US

Title: MGR () Delete
Name: LABOY, ELIZABETH
Address: 121 WEST 27 ST SUITE 602
City-St-Zip: NEW YORK, NY 10001 US

Title: MGR () Delete
Name: BURGHARDT, STEVE
Address: 121 WEST 27 ST SUITE 602
City-St-Zip: NEW YORK, NY 10001 US

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: EDWARD LABOY

MGR

01/22/2009

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