

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056487

Entity Name: LCS ENTERPRISES LLC

FILED
Aug 16, 2007
Secretary of State

Current Principal Place of Business:

27 EVANGELINE DR
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

P O BOX 4553
HAINES CITY, FL 33845

New Mailing Address:

27 EVANGELINE DR
HAINES CITY, FL 33844

FEI Number: 20-1453781 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STEEDLEY, LAWRENCE C
27 EVANGELINE DR
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

STEEDLEY, JANICE
27 EVANGELINE DR
HAINES CITY, FL 33844 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: JANICE STEEDLEY

08/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STEEDLEY, LAWRENCE C
Address: 27 EVANGELINE DR
City-St-Zip: HAINES CITY, FL 33844

Title: MGRM (X) Delete
Name: SMITH, JANICE
Address: 27 EVANGELINE DR
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STEEDLEY, JANICE
Address: 27 EVANGELINE DR
City-St-Zip: HAINES CITY, FL 33844

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: JANCIE STEEDLEY

MGRM

08/16/2007

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