

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000074979

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**Entity Name:** NULEAF INTERNATIONAL, LLC

**Current Principal Place of Business:**

2915 SR 590, STE. 15  
CLEARWATER, FL 33759

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 567  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

**FEI Number:** 20-1809038

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOLAN, TIMOTHY J  
2915 SR 590, STE. 15  
CLEARWATER, FL 33759 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: PRES  
Name: DOLAN, TIMOTHY J  
Address: 3041 DOMINION COURT  
City-St-Zip: SAFETY HARBOR, FL 34695

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: TIMOTHY J DOLAN

PRES

01/15/2010

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