

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077589

Entity Name: LEATHA D. MULLINS, P.L.

FILED
May 02, 2008
Secretary of State

Current Principal Place of Business:

200 SOUTH INDIAN RIVER DRIVE
206
FT. PIERCE, FL 34950

New Principal Place of Business:

309 ORANGE AVENUE
FT. PIERCE, FL 34950

Current Mailing Address:

200 SOUTH INDIAN RIVER DRIVE
206
FT. PIERCE, FL 34950

New Mailing Address:

309 ORANGE AVENUE
FT. PIERCE, FL 34950

FEI Number: 86-1121068 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:

MULLINS, LEATHA D
200 SOUTH INDIAN RIVER DRIVE
206
FT. PIERCE, FL 34950 US

Name and Address of New Registered Agent:

MULLINS, LEATHA D
309 ORANGE AVENUE
FT. PIERCE, FL 34950 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: LEATHA D MULLINS

05/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MULLINS, LEATHA D
Address: 200 SOUTH INDIAN RIVER DRIVE, SUITE 206
City-St-Zip: FT. PIERCE, FL 34950

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MULLINS, LEATHA D
Address: 309 ORANGE AVENUE
City-St-Zip: FT. PIERCE, FL 34950

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: LEATHA D. MULLINS

MGRM

05/02/2008

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