

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079045

Entity Name: LINDA J. LEIGH, LLC

FILED
Jul 05, 2007
Secretary of State

Current Principal Place of Business:

14990 ALAN CT.
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

14990 ALAN CT.
LARGO, FL 33771

New Mailing Address:

FEI Number: 20-1949192 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:

LEIGH, LINDA J
1433 ADAMS CIR. E.
LARGO, FL 33771 US

Name and Address of New Registered Agent:

LEIGH, LINDA J
14990 ALAN CT
LARGO, FL 33771 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: LINDA J. LEIGH MGR

07/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEIGH, LINDA J
Address: 1433 ADAMS CIR. E.
City-St-Zip: LARGO, FL 33771

Title: MGRM () Delete
Name: BROGAN, ERICKA L
Address: 1433 ADAMS CIR E
City-St-Zip: LARGO, FL 33771

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEIGH, LINDA J
Address: 14990 ALAN CT.
City-St-Zip: LARGO, FL 33771

Title: MGRM (X) Change () Addition
Name: BROGAN, ERICKA L
Address: 4038 ALAN DR.
City-St-Zip: LARGO, FL 33771

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: LINDA J. LEIGH

MGR

07/05/2007

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