

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90332 047 \*\*\*\*50.00

DOCUMENT # L04000089975

1. Entity Name  
LEADERSHIP ENHANCEMENT AND DEVELOPMENT,  
L.L.C.



Principal Place of Business  
112 N. EAST STREET  
SUITE B  
TAMPA, FL 33602

Mailing Address  
112 N. EAST STREET  
SUITE B  
TAMPA, FL 33602

60047378



2. Principal Place of Business - No P.O. Box #

2240 Bellear Rd  
Suite 190  
City & State  
Clearwater FL

3. Mailing Address

2240 Bellear Rd  
Suite 190  
City & State  
Clearwater FL

04302007 Chg-LLC CR2E083 (12/06)

City & State  
Clearwater FL

City & State  
Clearwater FL

Zip Country  
33764 US

Zip Country  
33764 US

4. FEI Number  
20-2569395

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LUKE CHARLES LIROT, P.A.  
112 N. EAST STREET  
SUITE B  
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name  
Luke Charles Lirot, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
2240 Bellear Rd  
Suite 190  
City Clearwater FL Zip Code 33764

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Luke Lirot* Luke Lirot DATE 4-30-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIROT, LUKE C 112 N. EAST STREET, SUITE B TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIROT, LUKE C 2240 Bellear Rd, Suite 190 Clearwater, FL 33764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 *Luke Lirot* LUKE LIROT DATE 4-30-07 (727) 536-2100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE