


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90133 035 \*\*\*138.75

**DOCUMENT # L04000090295**

1. Entity Name  
**LETO, LLC**



Principal Place of Business  
**1822 NORTH BELCHER ROAD  
200  
CLEARWATER, FL 33765 US**

Mailing Address  
**1822 NORTH BELCHER ROAD  
200  
CLEARWATER, FL 33765 US**

2. Principal Place of Business - No P.O. Box #  
**1853 PIPERS MEADOW DR**

3. Mailing Address  
**1853 PIPERS MEADOW DR**

Suite, Apt. #, etc.

City & State  
**PALM HARBOR FL**

Zip  
**34683**

Country  
**PINELLAS**

**60010290**



02192008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-2496888**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**GEORGE G PAPPAS PA  
1822 NORTH BELCHER ROAD  
200  
CLEARWATER, FL 33765**

7. Name and Address of New Registered Agent  
Name  
**LEONIDAS DIAMANTOPOULOS**  
Street Address (P.O. Box Number is Not Acceptable)  
**1853 PIPERS MEADOW DR**  
City  
**PALM HARBOR FL** Zip Code  
**34683**

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.

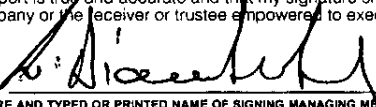
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **2/19/08**

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIAMANTOPOULOS, LEONIDAS 1853 PIPERS MEADOW DRIVE PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:  **President** DATE **2/19/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE