

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007435

Entity Name: GAVEL & LEONE, P.L.

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

16219 SEPTEMBER DRIVE
LUTZ, FL 33549

New Principal Place of Business:

2002 N. LOIS AVE.
260
TAMPA, FL 33607

Current Mailing Address:

16219 SEPTEMBER DRIVE
LUTZ, FL 33549

New Mailing Address:

P. O. BOX 342304
TAMPA, FL 33694

FEI Number: 20-2212395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAVEL, ALAN A
16219 SEPTEMBER DRIVE
LUTZ, FL 33549 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: MGRM () Delete
Name: GAVEL, ALAN A
Address: 16219 SEPTEMBER DRIVE
City-St-Zip: LUTZ, FL 33549

Title: MGRM () Delete
Name: LEONE, RICK
Address: 16219 SEPTEMBER DRIVE
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALAN A. GAVEL

MGRM

01/22/2009

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