


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90032 038 ****50.00

DOCUMENT # L05000089234		
1. Entity Name PETER J. LETO, LLC		
Principal Place of Business 5851 HOLMBERG ROAD APT. #1714 POMPANO BEACH FL 33067 US		Mailing Address 5851 HOLMBERG ROAD APT. #1714 POMPANO BEACH FL 33067 US



2. Principal Place of Business - No P.O. Box # 850 SW 11th Court	3. Mailing Address 6171 SHADOW TREE LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State FT LAUDERDALE, FL		City & State LAKE WORTH, FL		4. FEI Number 20-3446574	Applied For <input type="checkbox"/> Not Applicable
Zip 33315	Country USA	Zip 33463	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent LETO, PETER J 5851 HOLMBERG ROAD PARKLAND FL 33067		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Peter J. Leto Jr. Peter J. Leto Jr.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LETO, PETER J 5851 HOLMBERG ROAD, #1714 PARKLAND FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	850 SW 11th Ct. Fort. Lauderdale, FL 33315 <input checked="" 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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Peter J. Leto Jr. 4/26/07 954-383-7622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #