

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090931

FILED
Apr 13, 2009
Secretary of State

Entity Name: LENTZ HOUSE OF TIME, LLC

Current Principal Place of Business:

712 NW 23RD AVENUE
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

712 NW 23RD AVENUE
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 20-3564240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLASZCYK, MICHAL
712 NW 23RD AVENUE
GAINESVILLE, FL 32609 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: MGR () Delete
Name: BLASZCZYK, HENRYK
Address: 712 NW 23RD AVENUE
City-St-Zip: GAINESVILLE, FL 32609

Title: MGRM () Delete
Name: BLASZCZYK, ANNA
Address: 712 NW 23RD AVENUE
City-St-Zip: GAINESVILLE, FL 32609

Title: MGRM () Delete
Name: BLASZCZYK, MICHAL
Address: 712 NW 23RD AVENUE
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BLASZCZYK, HENRY K
Address: 712 NW 23RD AVENUE
City-St-Zip: GAINESVILLE, FL 32609

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: HENRY K BLASZCZYK

MGR

04/13/2009

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