## **2006 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

## DOCUMENT #1 05000097734



FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90037 003 \*\*\*\*50.00

1. Entity Name LEIDER REFERRAL SERVICES, LLC						)	04-17-200	0 90037 003	50	).00
Principal Place	of Business	s	Mailing Address			1				
2100 CONSTITUTION BLVD., SUITE 207 SARASOTA, FL 34231			1532 SHELBURNE LANE SARASOTA, FL 34231							
2. Principal Place of Business			3. Mailing Address			-				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03242006	Chg-LLC	CR2E083 (11	(05)	
City & State		City & State		4. FEI Numb	er 20 -35 =	33334		plied For t Applicable		
Zip Country		Zip Country		гу	5. Certificate of Status Desired S.00 Additional Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
JOHNSON, SHERRI L					Name Susan J. KERTON CPA					
330 SOUTH ORANGE AVENUE SARASOTA, FL 34236					Street Address (P.O. Box Number is Not Acceptable)					
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•.					City SARASOTA FL Zip Code 34137					
	named entitions of regist		the purpose of changing its	registere	d office or registe	ered agent, or bo	oth, in the State of I	lorida. I am familiar	with, a	and accept
SIGNATURE	Sun	or printed name of registered agent a	md Suzan	T. K	<u>Leeton</u> Agent signature require	ed when reinstating)		3/31/06		
Filing Fee is \$50.00 Due by May 1, 2006									-	
Fi Di	ling Fee i	ls \$50.00 y 1, 2006						ake check payable da Department of		•
Fi De	ling Fee i ue by May	Is \$50.00 y 1, 2006 MANAGING MEMBER	RS/MANAGERS	10.		,	Flori			)
Di	MGRM	y 1, 2006  MANAGING MEMBER	RS/MANAGERS	10. TITLE			Flori	da Department of	State	Addition
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9. TITLE	MGRM LEIDER, 6 2100 COM	y 1, 2006  MANAGING MEMBER	☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP		Flori	da Department of	State	
9. TITLE NAME STREET ADDRESS	MGRM LEIDER, 6 2100 COM	MANAGING MEMBER FRANK NSTITUTION BLVD., SU	☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP		Flori	da Department of	State	
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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.