

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111069

Entity Name: LE CLUB LLC

FILED
Jan 26, 2009
Secretary of State

Current Principal Place of Business:

4355 84TH AVE. N.
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

4355 84TH AVE. N.
PINELLAS PARK, FL 33781 US

New Mailing Address:

3438 EAST LAKE ROAD
PMB 640
PALM HARBOR, FL 34685 US

FEI Number: 65-1264507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ODYSSEY USA INC.
334 EAST LAKE ROAD
PMB 260
PALM HARBOR, FL 33685 US

Name and Address of New Registered Agent:

ODYSSEY USA INC.
3438 EAST LAKE ROAD
PMB 640
PALM HARBOR, FL 33685 US

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:

01/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NURE INTERNATIONAL L, LC
Address: 2451 MCMULLEN BOOTH ROAD, STE 200
City-St-Zip: CLEARWATER, FL 33759 US

Title: MGRM () Delete
Name: ODYSSEY USA INC.,
Address: 334 EAST LAKE ROAD, PMB 260
City-St-Zip: PALM HARBOR, FL 34685 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: ODYSSEY USA INC.,
Address: 3438 EAST LAKE ROAD, PMB 640
City-St-Zip: PALM HARBOR, FL 34685 US

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: JOHN A. HALL

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01/26/2009

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