

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

01-26-2007 90079 011 ****50.00

DOCUMENT # L06000007616					
1. Entity Name CASA DE LEONE, LLC					
Principal Place of Business 402 SOUTH KENTUCKY AVENUE, SUITE 390 LAKELAND, FL 33801			Mailing Address PO BOX 215 LAKELAND, FL 33802-0215		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01042007 Chg-LLC CR2E083 (12/06)	
4. FSA Number <u>20-4036265</u>				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, FREIDA S 402 SOUTH KENTUCKY AVENUE, SUITE 390 LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, the registered agent. SIGNATURE: <u>Freida S. Williams</u> DATE: <u>1-22-07</u> (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing))					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Freida S. Williams 402 S. Kentucky Ave Ste Lakeland, FL 33801		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. 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 606, Florida Statutes.					
SIGNATURE: <u>Freida S. Williams</u>			Date: <u>2-13-07</u> Daytime Phone #: <u>863-688-5000</u>		

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