

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007616

Entity Name: CASA DE LEONE, LLC

FILED  
Jan 14, 2009  
Secretary of State

**Current Principal Place of Business:**

402 SOUTH KENTUCKY AVENUE, SUITE 390  
LAKELAND, FL 33801

**New Principal Place of Business:**

402 SOUTH KENTUCKY AVENUE,  
SUITE 390  
LAKELAND, FL 33801

**Current Mailing Address:**

PO BOX 215  
LAKELAND, FL 338020215

**New Mailing Address:**

PO BOX 215  
LAKELAND, FL 33802

FEI Number: 20-4036265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, FREIDA S  
402 SOUTH KENTUCKY AVENUE, SUITE 390  
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

WILLIAMS, FREIDA S  
402 SOUTH KENTUCKY AVENUE,  
SUITE 390  
LAKELAND, FL 33801 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: \_\_\_\_\_

01/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: WILLIAMS, FREIDA S  
Address: 402 SOUTH KNETUCKY AVE SUITE 390  
City-St-Zip: LAKELAND, FL 33801

**ADDITIONS/CHANGES:**

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: FREIDA S WILLIAMS

P

01/14/2009

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