

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011256

Entity Name: SLE, LLC

FILED
Jun 23, 2009
Secretary of State

Current Principal Place of Business:

4805 LONGWATER WAY
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

4805 LONGWATER WAY
TAMPA, FL 33615

New Mailing Address:

FEI Number: 42-1692553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SAXON, BERNICE S ESQ
201 E KENNEDY BLVD #600
TAMPA, FL 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOLROYD, STEVE DOUGLAS TRUSTEE
Address: 4805 LONGWATER WAY
City-St-Zip: TAMPA, FL 33615

Title: MGRM () Delete
Name: HOLROYD, LESLEY LECARO TRUSTEE
Address: 4805 LONGWATER WAY
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES:

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: STEVE HOLROYD

MGRM

06/23/2009

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