

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060064

Entity Name: HAYES LEAVER, LLC

FILED
Apr 14, 2008
Secretary of State

Current Principal Place of Business:

1599 MAIN STREET
SARASOTA, FL 34236

New Principal Place of Business:

5391 LAKEWOOD RANCH BLVD
SUITE 200
SARASOTA, FL 34240

Current Mailing Address:

1599 MAIN STREET
SARASOTA, FL 34236

New Mailing Address:

5391 LAKEWOOD RANCH BLVD
SUITE 200
SARASOTA, FL 34240

FEI Number: 20-5031076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, PETER J
1599 MAIN STREET
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

HAYES, PETER J
5391 LAKEWOOD RANCH BLVD
SUITE 200
SARASOTA, FL 34240 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:

04/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAYES, PETER J
Address: 24 ROCKWELL LANE
City-St-Zip: SARASOTA, FL 34242

Title: MGRM () Delete
Name: LEAVER, BRIAN M
Address: 2069 MISTY SUNRISE TRAIL
City-St-Zip: SARASOTA, FL 34240

Title: MGRM () Delete
Name: HAYES, KATHERINE A
Address: 24 ROCKWELL LANE
City-St-Zip: SARASOTA, FL 34242

Title: MGRM () Delete
Name: LEAVER, KATHERINE F
Address: 2069 MISTY TRAIL
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES:

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

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

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: PETER J HAYES

MGRM

04/14/2008

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