2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State
03-23-2007 90173 028 ****55.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L06000083199

1. Entity Name

LEONBRUNO ENTERPRISES LLC.

Principal Place of Business	Mailing Address
~~3805 E. SILVER SPRINGS BLVD. OCALA FL 34470~~ 10191 SE 69TH Ter BELLEVIEW, FL 34420	~~12816 SE 97TH TERR RD SUMMERFIELD FL 34491~~ 10191 SE 69TH TER BELLEVIEW, FL 34420
2. Principal Place of Business - No P.O. Box # 10191 SE 69th Ter	3. Mailing Address 10191 SE 69th Ter
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Belleview, FL 34420	City & State Belleview, FL
Zip 34420 — Country MARION	Zip 34420 — Country Marion

4. FEI Number 20-5407832 — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEONBRUNO, THOMAS V 121816 SE 97TH TERR ROAD SUMMERFIELD FL 34491	Name: Leonbruno, Thomas V. Street Address (P.O. Box Number is Not Acceptable): 10191 SE 69th Ter City: Belleview FL Zip Code: 34420

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 registered agent.

SIGNATURE [signature] 3-15-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LEONBURG, THOMAS V ~~12816 SE 97TH TERR RD.~~ 10191 SE 69th TER ~~SUMMERFIELD FL 34491~~ BELLEVIEW, FL 34420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.

SIGNATURE: [signature] 3-15-07 (352)347-9807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #