2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000085422

Entity Name
 CLEGG COACHING & TRAINING, LLC



Principal Place of Business

424 E. CENTRAL BLVD SUITE 109 ORLANDO, FL 32801 Mailing Address

1170 CARMEL CIRCLE

#250

CASSELBERRY, FL 32707

FILED Jul 07, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

07032008 No Chg-LLC

o Chg-LLC CR2E083 (12/07)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

CLEGG, BARBARA 1170 CARMEL CIRCLE #250 CASSELBERRY, FL 32707 **DO NOT WRITE**IN THIS SPACE

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent ingredure required when reiningsing

DATE

FILE NOW!!! FEE 18 \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000353575 07/07/08-80004-006 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CLEGG, BARBARA
STREET ADDRESS	1170 CARMEL CIRCLE
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
πile	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	,
NAME	•
STREET ADORESS	
CITY-ST-ZIP	
TITLE .	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the	

DO NOT WRITE IN THIS SPACE

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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENT

July 408

Deveme Phone of do 2