

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90016 045 ****50.00

DOCUMENT # L06000089230

1. Entity Name
LEAP SERVICES LLC



Principal Place of Business
9331 N.W. DORAL CIRCLE SOUTH
DORAL, FL 33178

Mailing Address
9331 N.W. DORAL CIRCLE SOUTH
DORAL, FL 33178



2. Principal Place of Business - No P.O. Box #
9331 NW 50 Doral Cir.

3. Mailing Address
9331 NW 50 Doral Cir.

Suite, Apt. #, etc.
South

Suite, Apt. #, etc.
South

City & State
Doral FL

City & State
Doral FL

Zip
33178

Country
USA

Zip
33178

Country
USA

01112007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5533014

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

SCHOOLS CONSULTING, INC.
9331 N.W. DORAL CIRCLE SOUTH
DORAL, FL 33178

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SCHOOLS CONSULTING, INC.
9331 N.W. DORAL CIRCLE SOUTH
DORAL, FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
Schools Consulting Inc.
9331 NW 50 Doral Cir South
Doral, FL 33178 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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 NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/12/07 305 986 5421