

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111851

FILED
Apr 10, 2007
Secretary of State

Entity Name: LEENA'S COTTAGE PRESCHOOL LLC

Current Principal Place of Business:

5129 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5129 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 61-1513618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KONDILAS, SHARON L
5136 SPIKE HORN DRIVE
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

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: KONDILAS, SHARON L
Address: 5136 SPIKE HORN DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: MGRM () Delete
Name: KIWALA, CHRISTINA L
Address: 5123 TROUBLE CREEK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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 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: SHARON L KONDILAS

MGRM

04/10/2007

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