

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113889

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: MANNY AND LEIGH, LLC

**Current Principal Place of Business:**

14841 S.W. 31ST STREET  
DAVIE, FL 33331

**New Principal Place of Business:**

14841 S.W. 31ST COURT  
DAVIE, FL 33331

**Current Mailing Address:**

14841 S.W. 31ST ST  
DAVIE, FL 33331

**New Mailing Address:**

14841 S.W. 31ST COURT  
DAVIE, FL 33331

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

**Name and Address of Current Registered Agent:**

SANCHEZ, LEIGH B  
14841 S.W. 31ST COURT  
DAVIE, FL 33331 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: MGR ( ) Delete  
Name: SANCHEZ, MANNY  
Address: 14841 S.W. 31ST ST.  
City-St-Zip: DAVIE, FL 33331

Title: MGRM ( ) Delete  
Name: SANCHEZ, LEIGH B  
Address: 14841 S.W. 31ST ST.  
City-St-Zip: DAVIE, FL 33331

**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 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: LEIGH B. SANCHEZ                      MGRM                      02/02/2009

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