## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT # L06000118155** 03-05-2008 90209 015 \*\*\*138.75 LEG UP MUSIC, LLC Principal Place of Business Mailing Address 26837 AGILE COURT 26837 AGILE COURT WESLEY CHAPEL, FL 33544 WESLEY CHAPEL, FL 33544 3 Mailing Address Erhlich 2. Principal Place of Business - No P.O. Box # 3802 Ethlich Read Suite, Apt. #, etc. Suite, Apt. #, etc. 02022008 #101 Chg-LLC CR2E083 (12/06) suite Suite 4. FEI Number Applied For City & State City & State 20-8037849 Not Applicable ampa Country Country \$5.00 Additional 5. Certificate of Status Desired UŠA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Greene Brandan GREENE, BRANDON Street Address (P.O. Box Number is Not Acceptable) 26837 AGILE COURT WESLEY CHAPEL, FL 33544 Zip Code ampa 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 d agent and title if applicable (NOTE: Registered Agent signature required when ministating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MGRM Addition Delete TITLE TITLE Greene Brandon S 3802 Ethlich Rd Suite 10 GREENE, BRANDON S NAME NAME STREET ADDRESS 26837 AGILE COURT STREET ADDRESS WESLEY CHAPEL, FL 33544 CITY-ST-ZIP Tampa CITY-ST-ZIP ☐ Delete TITLE MBRIM TITLE famela Wa NAME GREENE, PAMELA W NAME Greene 26837 AGILE COURT STREET ADDRESS 3802 STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33544 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TELLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

Mar 05, 2008 8:00 am