

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000121125

Entity Name: LEAPIN' LIZARD FLORIDA LLC

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1719 CAPE CORAL PARKWAY E  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

1719 CAPE CORAL PARKWAY E  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number: 11-3799115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EVANS, MARY ANN  
1719 CAPE CORAL PARKWAY E  
CAPE CORAL, FL 33904 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  
Name: EVANS, MARY ANN  
Address: 1719 CAPE CORAL PARKWAY E  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM  
Name: EVANS, JACK  
Address: 1719 CAPE CORAL PRKWY E  
City-St-Zip: CAPE CORAL, FL 33904

I hereby 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: MARY ANN EVANS

MGM

02/15/2011

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