

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020455

FILED
Apr 23, 2009
Secretary of State

Entity Name: BABY LOVE LACTATION CONSULTANTS LLC

Current Principal Place of Business:

18711 CHOPIN DRIVE
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

PO BOX 1231
LUTZ, FL 33549

New Mailing Address:

PO BOX 1231
LUTZ, FL 33548

FEI Number: 06-1812806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBANNA, STEPHANIE J
18711 CHOPIN DRIVE
LUTZ, FL 33558 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: MRS. () Delete
Name: ALBANNA, STEPHANIE J
Address: 18711 CHOPIN DR.
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES:

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: STEPHANIE ALBANNA

MS.

04/23/2009

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