

# 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