

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020455

**FILED
Feb 11, 2011
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 33548

New Mailing Address:

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.
Name: ALBANNA, STEPHANIE J
Address: 18711 CHOPIN DR.
City-St-Zip: LUTZ, FL 33558

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: STEPHANIE ALBANNA MRS. 02/11/2011

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