

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054692

FILED
Apr 20, 2009
Secretary of State

Entity Name: THE LEO CONNECTION, LLC

Current Principal Place of Business:

33 E. CAMINO REAL #518
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

33 E. CAMINO REAL #518
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 68-0650219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAMILTON, BARBARA
6530 BOCA DEL MAR DRIVE #531
BOCA RATON, FL 33433 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 () Delete
Name: SPORN, SARAH A
Address: 33 E. CAMINO REAL #518
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: HAMILTON, BARBARA
Address: 6530 BOCA DEL MAR DRIVE #531
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM () Delete
Name: BAILEY, HAROLD JR
Address: 3 MAYFAIR LAEN
City-St-Zip: WESTPORT, CT 06880

Title: MGRM () Delete
Name: MCLEOD, BERNICESTINE E
Address: 3 MAYFAIR LAEN
City-St-Zip: WESTPORT, CT 06880

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BAILEY, HAROLD JR
Address: 3 MAYFAIR LANE
City-St-Zip: WESTPORT, CT 06880

Title: MGRM (X) Change () Addition
Name: MCLEOD, BERNICESTINE E
Address: 3 MAYFAIR LANE
City-St-Zip: WESTPORT, CT 06880

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: SARAH A. SPORN

MGRM

04/20/2009

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