

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076295

FILED
Aug 28, 2008
Secretary of State

Entity Name: LEON STURK, LLC

Current Principal Place of Business:

1200 NORTH CENTRAL AVENUE, SUITE 215
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

1200 NORTH CENTRAL AVENUE, SUITE 215
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STURK, LEON
1200 NORTH CENTRAL AVENUE, SUITE 215
KISSIMMEE, FL 34741 US

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: MGR () Delete
Name: STURK, LEON
Address: 1549 SHERBROOK DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete
Name: STURK, NANCY
Address: 1549 SHERBROOK DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete
Name: STURK, ROBERT
Address: 1549 SHERBROOK DRIVE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

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

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

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: LEON STURK

MGR

08/28/2008

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