

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082142

FILED
Apr 30, 2008
Secretary of State

Entity Name: LEADING EDGE TRAVEL & TOURS, LLC

Current Principal Place of Business:

1066 PROVIDENCE LN
OVIEDO, FL 32765

New Principal Place of Business:

1066 PROVIDENCE LANE
OVIEDO, FL 327657040

Current Mailing Address:

1066 PROVIDENCE LN
OVIEDO, FL 32765

New Mailing Address:

1066 PROVIDENCE LANE
OVIEDO, FL 327657040

FEI Number: 26-0688491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VELEZ, JOSE R
1066 PROVIDENCE LN
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

VELEZ, EVELYN
1066 PROVIDENCE LANE
OVIEDO, FL 327657040 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: EVELYN VELEZ

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VELEZ, JOSE R
Address: 1066 PROVIDENCE LN
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: VELEZ, EVELYN
Address: 1066 PROVIDENCE LN
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: PSTD (X) Change () Addition
Name: VELEZ, EVELYN
Address: 1066 PROVIDENCE LANE
City-St-Zip: OVIEDO, FL 327657040

Title: MGRM (X) Change () Addition
Name: VELEZ, EVELYN
Address: 1066 PROVIDENCE LANE
City-St-Zip: OVIEDO, FL 327657040

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: EVELYN VELEZ

PSTD

04/30/2008

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