


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ FILED
Apr 28, 2008 8:00 am
Secretary of State

04-03-2008 90074 046 ***138.75

DOCUMENT # L07000093512					
1. Entity Name THE LITTLE ENGLISH GUESTHOUSE, LLC					
Principal Place of Business 737 TIMBERLAND RD TALLAHASSEE, FL 32312			Mailing Address 737 TIMBERLAND RD TALLAHASSEE, FL 32312		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent RAJACK-COCHRAN, TRACEY 737 TIMBERLAND RD TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Tracey Rajack Cochran</i> <small>(Signature, typed or printed name of registered agent and title if applicable)</small>				DATE <i>3/22/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAJACK-COCHRAN, TRACEY 737 TIMBERLAND RD TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 <i>Tracey Rajack Cochran</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <i>3/22/08</i> DAYTIME PHONE # <i>907-9777</i>	

30005023



02142008 Chg-LLC CR2E083 (12/06)

4. FEI Number **75-3252489** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required