

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109440

**FILED**  
**Mar 16, 2009**  
**Secretary of State**

**Entity Name:** LEAH PASKE ENTERPRISES, LLC

**Current Principal Place of Business:**

13700 RICHMOND PARK DR #1207  
JACKSONVILLE, FL 32224 US

**New Principal Place of Business:**

11336 DOUBLEDAY CT  
JACKSONVILLE, FL 32246 US

**Current Mailing Address:**

13700 RICHMOND PARK DR #1207  
JACKSONVILLE, FL 32224 US

**New Mailing Address:**

11336 DOUBLEDAY CT  
JACKSONVILLE, FL 32246 US

**FEI Number:** 26-1331862

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PASKE, LEAH  
13700 RICHMOND PARK DR #1207  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

PASKE, LEAH  
11336 DOUBLEDAY CT  
JACKSONVILLE, FL 32246 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:** LEAH PASKE

03/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** PASKE, LEAH E  
**Address:** 13700 RICHMOND PARK DR #1207  
**City-St-Zip:** JACKSONVILLE, FL 32224 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** PASKE, LEAH E  
**Address:** 11336 DOUBLEDAY CT  
**City-St-Zip:** JACKSONVILLE, FL 32246 US

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:** LEAH PASKE

MGRM

03/16/2009

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