

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117750

FILED
Mar 31, 2009
Secretary of State

Entity Name: LEAVING MARK, LLC

Current Principal Place of Business:

23269 STATE RD 7, STE 115
BOCA RATO, FL 33428

New Principal Place of Business:

Current Mailing Address:

23269 STATE RD 7, STE 115
BOCA RATO, FL 33428

New Mailing Address:

FEI Number: 26-1463304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GBS CONSULTANTS, INC.
18501 PINES BLVD. SUITE 201
PEMBROKE PINES, FL 33029 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: SEBASTIAN JUANEDA IR, REVOCABLE TRUS T
Address: 1059 WATERSIDE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: BATLLE DE VILLALOBOS, CRISTINA
Address: 11753 WEST ATLANTIC BLVD, UNIT 5-26
City-St-Zip: CORAL SPRING, FL 33071

Title: MGRM () Delete
Name: BATLLE, JAIME
Address: 11685 WEST ATLANTIC BLVD, UNIT 19-08
City-St-Zip: CORAL SPRING, FL 33071

Title: MGR () Delete
Name: JUANEDA, SEBASTIAN
Address: 1059 WATERSIDE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: MGR () Delete
Name: JUANEDA, JORGE A
Address: 1059 WATERSIDE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: MGR () Delete
Name: JUANEDA, ANDRES E
Address: 1059 WATERSIDE CIRCLE
City-St-Zip: WESTON, FL 33327

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:

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: SEBASTIAN JUANEDA

MGR

03/31/2009

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