


2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L08000025027					
1. Entity Name COMPANY B BALLET CENTER, LLC					
Principal Place of Business 10395 SEMINOLE BLVD SUITE F SEMINOLE, FL 33778			Mailing Address 10964 VILLAGE GREEN AVE SEMINOLE, FL 33772		
2. Principal Place of Business - No P.O. Box # 12527 Ulmerton Rd			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Largo FL			City & State		
Zip 33774		Country USA		4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JONES, SARAH I 10964 VILLAGE GREEN AVE SEMINOLE, FL, FL 33772			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 <u>Sarah Jones / owner</u> <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>04-06-2009</u>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2009 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	MGR JONES, SARAH I 10964 VILLAGE GREEN AVE SEMINOLE, FL 33772		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: <u>Sarah Jones / owner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>04.06.09</u> Daytime Phone # <u>727 641.3936</u>	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03252009 Chg-LLC CR2E083 (11/08)

4. FEI Number Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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SIGNATURE Sarah Jones / owner DATE 04-06-2009
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