

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000018048

Entity Name: LEAVES OF THREE, LLC

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2301 FORREST CREST CIRCLE  
LUTZ, FL 33549

**New Principal Place of Business:**

**Current Mailing Address:**

2301 FORREST CREST CIRCLE  
LUTZ, FL 33549

**New Mailing Address:**

FEI Number: 26-4578761

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANDREWS, LINDSAY  
2301 FORREST CREST CIRCLE  
LUTZ, FL 33549 US

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

ANDREWS, LINDSAY R MGR  
2301 FORREST CREST CIRCLE  
LUTZ, FL 33549 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: MATT ANDREWS

03/03/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ANDREWS, BOB MR.  
Address: 2511 WILDLIFE RUN  
City-St-Zip: LUTZ, FL 33559 US

Title: MGR  
Name: ANDREWS, CALE  
Address: 415 PARK RIDGE  
City-St-Zip: TEMPLE TERRACE, FL 33613 US

Title: MGR  
Name: ANDREWS, MATT  
Address: 2301 FORREST CREST CIRCLE  
City-St-Zip: LUTZ, FL 33549 US

I hereby 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: MATT ANDREWS

MGR

03/03/2010

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