

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000020024

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** UNIQUE MEMORIES BY LEANN, LLC

**Current Principal Place of Business:**

11296 WARM WIND WAY  
WEEKI WACHEE, FL 34613

**New Principal Place of Business:**

**Current Mailing Address:**

11296 WARM WIND WAY  
WEEKI WACHEE, FL 34613

**New Mailing Address:**

**FEI Number:** 27-1961224

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAPP, LEANN  
11296 WARM WIND WAY  
WEEKI WACHEE, FL 34613 US

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

SAPP, LEANN S  
11296 WARM WIND WAY  
WEEKI WACHEE, FL 34613 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: LEANN S SAPP

03/23/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SAPP, LEANN  
Address: 11296 WARM WIND WAY  
City-St-Zip: WEEKI WACHEE, FL 34613 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: LEANN S SAPP

MGR

03/23/2011

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