

L10000089289

LIMITED LIABILITY COMPANY  
ANNUAL REPORT

For Office Use Only

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FILED

11 MAY 25 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L10000089289

1. Entity Name

LA Toder LLC



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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
8983 ISLESWORTH CT		8983 ISLESWORTH CT	
Suite, Apt. #, ect.		Suite, Apt. #, ect.	
City & State		City & State	
ORLANDO		ORLANDO, FL	
Zip	Country	Zip	Country
FL	USA	32819	USA

CR2E083B (1/11)

4. FEI Number		Applied For	
27-1906754		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			

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7. Name and Address of Current Registered Agent

Name	
JULIE STARK CREWS	
Street Address (P.O. Box Number is Not Acceptable)	
8983 ISLESWORTH CT	
City	Zip Code
ORLANDO	FL 32819

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

Signature, typed or printed name of registered agent and title if applicable

MAY 16, 2011

DATE

January 1 Fee is \$138.75  
After May 1, Fee is \$538.75  
Amended AR is \$50.00

E-mail Address:

latodera@gmail.com

To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

NAME	Julie Stark Crews
STREET ADDRESS	8983 Islesworth Ct
CITY-STATE-ZIP	Orlando FL 32819-4819
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

nc 5/25/11

10.

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05/27/11--01004--008 \*\*138.75

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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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 647.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone#

MAY 16, 2011

407-909-1402



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 5, 2011

JULIE M. CREUS  
LA TODERA LLC  
8983 I8SLESWORTH COURT  
ORLANDO, FL 32819

SUBJECT: LA TODERA LLC  
Ref. Number: L10000089289

Please complete the attached annual report. Return it to my "PERSONAL & CONFIDENTIAL ATTENTION" with a check in the amount of \$138.75. Send to the following address: DIVISION OF CORPORATIONS, REGISTRATION SECTION PERSONAL & CONFIDENTIAL ATTN: NANETTE CAUSSEAU, P.O. BOX 6327, TALLAHASSEE, FL. 32362." This must be received within 30 days, so the late fee will not be imposed. Any questions please call me 850 245-6918.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux  
Registration/Qualification Section  
Division of Corporations Letter Number: 011A00010614