

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000032598

**Entity Name:** LENO LIVING CARE, INC.

**Current Principal Place of Business:**

5821 NW 9TH AVE  
MIAMI, FL 33127

**Current Mailing Address:**

5821 NW 9TH AVE  
MIAMI, FL 33127

**FEI Number:** 27-2346081

**Certificate of Status Desired:** No

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

LENO, TERRY  
5821 NW 9TH AVE  
MIAMI, FL 33127 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                 |                 |                 |
|-----------------|-----------------|-----------------|-----------------|
| Title           | P/SE            | Title           | VP              |
| Name            | LENO, TERRY     | Name            | BRANDON, LENO   |
| Address         | 5821 NW 9TH AVE | Address         | 5821 NW 9TH AVE |
| City-State-Zip: | MIAMI FL 33127  | City-State-Zip: | MIANI FL 33127  |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TERRY LENO

**PRESIDENT**

**04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date