## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029124 Entity Name: LEOCAVA LLC

**Current Principal Place of Business:** 

9534 NE 2 AVE

MIAMI SHORES. FL 33138

**Current Mailing Address:** 

PO BOX 381703 MIAMI, FL 33238

FEI Number: 02-0651120 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEONI, TODD 7100 BISCAYNE BLVD 206 MIAMI, FL 33138 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

**FILED** Jan 24, 2013

**Secretary of State** 

CC4497653593

Authorized Person(s) Detail:

Title **MGRM** Title MGR

LEONI. TODD MMR Name CAVA, RICHARD H Name Address 7100 BISCAYNE BLVD SUITE 206 Address 1865 BRICKELL AVE City-State-Zip: MIAMI FL 33129 City-State-Zip: MIAMI FL 33138

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 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; and that my name appears above, or on an attachment with all other like empowered.

01/24/2013 SIGNATURE: TODD LEONI **MANAGER**