

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124271

Entity Name: DISTRIBUIDORA LEON ENTERPRISES, LLC

Current Principal Place of Business:

911 S WOODROWN WILLSON ST
STE 40-41
PLANT CITY, FL 33563

Current Mailing Address:

P O BOX 507
PLANT CITY, FL 33564 US

FEI Number: 26-1572985

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEON, CARLOS R
1109 WARNELL STREET
PLANT CITY, FL 33566 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

Authorized Person(s) Detail :

Title MGRM
Name LEON, CARLOS R
Address 1109 WARNELL STREET
City-State-Zip: PLANT CITY FL 33566

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

SIGNATURE: CARLOS R LEON

MGR

04/24/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date