

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000017617

**Entity Name:** LEAMON COMBS JR. DECORATIVE CONCRETE CURBING

**Current Principal Place of Business:**

PO. BOX 495722  
PORT CHARLOTTE, FL 33949

**Current Mailing Address:**

PO. BOX 495722  
PORT CHARLOTTE, FL 33949

**FEI Number:** 26-5855371

**Certificate of Status Desired:** No

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

COMBS, LEAMON JR  
3260 DEPEW AVE  
PORT CHARLOTTE, FL 33952 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	MGR	Title	MANAGER
Name	COMBS, LEAMON JR.	Name	KREFTCOMBS, MADELINE
Address	3260 DEPEW AVE	Address	PO. BOX 495722
City-State-Zip:	PORT CHARLOTTE FL 33952	City-State-Zip:	PORT CHARLOTTE FL 33949

*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:** LEAMON COMBS

MGR

02/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date