

**2021 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  
8040 ALFRED AVE  
PUNTA GORDA , FL 33982 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  
Name COMBS, LEAMON JR.  
Address 22387 SEYBURN TERR.  
City-State-Zip: PORT CHARLOTTE FL 33954

Title MANAGER  
Name KREFTCOMBS, MADELINE  
Address PO. BOX 495722  
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

01/31/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date