

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000101788

**Entity Name:** LEONE & SOUTO BUSINESS COMPANY

**Current Principal Place of Business:**

8301 NW 197TH STREET  
MIAMI, FL 33015

**Current Mailing Address:**

8301 NW 197TH STREET  
MIAMI, FL 33015 US

**FEI Number:** 45-3330150

**Certificate of Status Desired:** No

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

CHEEMA, BALWANT  
8301 NW 197TH ST  
MIAMI, FL 33015 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           | MGR              |
| Name            | LEONE, SILVIA T  | Name            | SOUTO, MARIO L   |
| Address         | 8301 NW 197TH ST | Address         | 8301 NW 197TH ST |
| City-State-Zip: | MIAMI FL 33015   | City-State-Zip: | MIAMI FL 33015   |

*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:** SOUTO , MARIO L

**MGR**

**02/06/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date