

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000019478

**Entity Name:** LEEDS GRAND LLC

**Current Principal Place of Business:**

6645 S US HIGHWAY 1  
GRANT, FL 32949

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC2101264539**

**Current Mailing Address:**

PO BOX 780897  
SEBASTIAN, FL 32978

**FEI Number: 45-4500863**

**Certificate of Status Desired: No**

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

LEEDS, DAVID L  
6645 S US HIGHWAY 1  
GRANT, FL 32949 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 LEEDS, MARY E  
Address PO BOX 780897  
City-State-Zip: SEBASTIAN FL 32978

Title MGR  
Name LEEDS, DAVID L  
Address POBOX 780897  
City-State-Zip: SEBASTIAN FL 32978

Title MGRM  
Name LEEDS, SCOTT D  
Address 6009 RIDDLE ROAD  
City-State-Zip: LOCKPORT NY 14094

Title MGRM  
Name LEEDS, SEAN D  
Address 7474 OLD DYSINGER ROAD  
City-State-Zip: LOCKPORT NY 14094

*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: DAVID L LEEDS**

**OWNER AGENT**

**03/19/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date