# 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.

OWNER

#### SIGNATURE: RHONDA GITTENS

Electronic Signature of Signing Authorized Person(s) Detail

## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000135819

Entity Name: LEVERAGE SOLUTIONS, LLC

#### **Current Principal Place of Business:**

7958 PINES BLVD #324 PEMBROKE PINES, FL 33024

#### **Current Mailing Address:**

7958 PINES BLVD #324 PEMBROKE PINES, FL 33024

#### FEI Number: 46-2172822

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

GITTENS, RHONDA 7958 PINES BLVD #324 PEMBROKE PINES, FL 33024 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

Authorized Person(s) Detail :			
Title	MGRM	Title	MGRM
Name	GITTENS, RHONDA	Name	WILLIAMS, TAVIA
Address	7958 PINES BLVD #324	Address	7958 PINES BLVD #324
City-State-Zip:	PEMBROKE PINES FL 33024	City-State-Zip:	PEMBROKE PINES FL 33024
Title	MGRM		
Name	SGAMBATI, MICHELE		
Address	7958 PINES BLVD #324		
City-State-Zip:	PEMBROKE PINES FL 33024		

Certificate of Status Desired: No

02/12/2015

Date

Date

### FILED Feb 12, 2015 Secretary of State CC3574783736

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