

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000055340

**Entity Name:** LEIVA'S LAIR LLC

**Current Principal Place of Business:**

6677 BON BAY DRIVE  
MILTON, FL 32583

**Current Mailing Address:**

6677 BON BAY DRIVE  
MILTON, FL 32583

**FEI Number:** 46-5323961

**Certificate of Status Desired:** Yes

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

LEIVA, TIFFANY  
6677 BON BAY DRIVE  
MILTON, FL 32583 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	AMBR	Title	AMBR
Name	LEIVA, TIFFANY	Name	LEIVA, CARLOS
Address	6677 BON BAY DRIVE	Address	6677 BON BAY DRIVE
City-State-Zip:	MILTON FL 32583	City-State-Zip:	MILTON FL 32583
Title	AUTHORIZED REPRESENTATIVE		
Name	DENNE , KATHERINE MARIE		
Address	6677 BON BAY DRIVE		
City-State-Zip:	MILTON FL 32583		

*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:** TIFFANY L LEIVA

**REGISTERED AGENT**

**04/25/2015**

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

\_\_\_\_\_  
Date