

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000113094

**Entity Name:** MY LEAP OF FAITH LLC

**Current Principal Place of Business:**

1729 SW OAKWATER POINTE  
PALM CITY, FL 34990

**Current Mailing Address:**

1729 SW OAKWATER POINTE  
PALM CITY, FL 34990 US

**FEI Number:** 47-1359533

**Certificate of Status Desired:** No

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

DELVALLE, MAYCE  
204 SW OTTER RUN PL  
STUART, FL 34997 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            DELVALLE, MAYCE  
Address        204 SW OTTER RUN PL  
City-State-Zip: STUART FL 34997

*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:** MAYCE DELVALLE

**OWNER**

**02/07/2019**

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

\_\_\_\_\_ Date