## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000122685

Entity Name: LEAVES OF GOLD LLC

**Current Principal Place of Business:** 

8000 WEST DRIVE. **UNIT 314** 

NORTH BAY VILLAGE, FL 33141-5663

**Current Mailing Address:** 

8000 WEST DRIVE, **UNIT 314** 

NORTH BAY VILLAGE, FL 33141-5663 US

FEI Number: 35-2513539 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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:

Name

Authorized Person(s) Detail:

OPERATING MANAGER, SECRETARY Title Title VICE OPERATING MANAGER,

> **TREASURER** ROSELLI, MARITZA SILVIA

QUIROLO, MIGUEL ANGEL Name 8000 WEST DRIVE, Address

8000 WEST DRIVE, Address **UNIT 314** 

**UNIT 314** NORTH BAY VILLAGE FL 33141-5663

City-State-Zip: City-State-Zip: NORTH BAY VILLAGE FL 33141-5663

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.

01/11/2019 SIGNATURE: ROSELLI, MARITZA SILVIA **MGR** 

**FILED** Jan 11, 2019

**Secretary of State** 

3811866549CC

Date