

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000133997

Entity Name: LEON INSURANCE LLC.

Current Principal Place of Business:

4245 W. FLAGLER ST
CORAL GABLES, FL 33134

Current Mailing Address:

4245 W. FLAGLER ST
CORAL GABLES, FL 33134

FEI Number: 47-4714147

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MENDEZ, BARBARA M
4245 W. FLAGLER ST
CORAL GABLES, FL 33134 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: BARBARA M. MENDEZ

04/09/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MENDEZ, BARBARA M
Address 4345 W. FLAGLER ST
City-State-Zip: MIAMI FL 33134

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: BARBARA M. MENDEZ

MGR

04/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date