

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000083328

**Entity Name:** LEONI TRAVEL, LLC

**Current Principal Place of Business:**

3902 HENDERSON BLVD  
SUITE 204  
TAMPA, FL 33629

**Current Mailing Address:**

3902 HENDERSON BLVD  
SUITE 204  
TAMPA, FL 33629

**FEI Number:** 81-2420932

**Certificate of Status Desired:** No

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

LEONI, DOUGLAS S  
3902 HENDERSON BLVD  
SUITE 204  
TAMPA, FL 33629 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	Title	MGR
Name	LEONI, DOUGLAS	Name	LEONI, MICHAEL
Address	3902 HENDERSON BLVD	Address	4108 N LYNN AVENUE
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	TAMPA FL 33603

*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:** DOUGLAS LEONI

**MANAGING MEMBER**

**01/24/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date