

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000067045

**Entity Name:** LEOLOGIXS LLC

**Current Principal Place of Business:**

1581 WEST 49TH ST  
#225  
HIALEAH, FL 33012

**Current Mailing Address:**

1581 WEST 49TH ST  
#225  
HIALEAH, FL 33012 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MARAVILLA, PATRICIA  
1581 WEST 49TH ST  
#225  
HIALEAH, FL 33012 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 MARAVILLA, PATRICIA  
Address 1581 WEST 49TH ST # 225  
City-State-Zip: HIALEAH FL 33012

Title MGR  
Name RAMOS, RICHARD  
Address 1581 WEST 49TH ST #225  
City-State-Zip: HIALEAH FL 33012

*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:** RICHARD RAMOS

MGR

04/06/2018

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

\_\_\_\_\_  
Date