

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000070874

**Entity Name:** LEI FAZ LLC

**Current Principal Place of Business:**

1728 NE MIAMI GARDENS DR. PMB 415  
NORTH MIAMI, FL 33179

**Current Mailing Address:**

1728 NE MIAMI GARDENS DR. PMB 415  
NORTH MIAMI, FL 33179 US

**FEI Number:** 82-4924289

**Certificate of Status Desired:** No

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

CCS REPRESENTATIVES LLC  
20200 W DIXIE HWY OF 707  
MIAMI, FL 33180 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:** CESAR SHLAIN

02/17/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name LEIMAN, MONICA G  
Address 1728 NE MIAMI GARDENS DR. PMB  
415  
City-State-Zip: NORTH MIAMI FL 33179

Title AMBR  
Name MANDALA 77 CORP  
Address 2427 FILLMORE ST  
City-State-Zip: HOLLYWOOD FL 33020

*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:** MONICA LEIMAN

AMBR

02/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date