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: WANI IRIS MANLY, ESQ. OF W. MANLY, P.A.

Electronic Signature of Signing Authorized Person(s) Detail

W. MANLY, P.A. 5890 SW 34TH ST

SIGNATURE:

MIAMI, FL 33155 US

Au

Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	SOVISH, LESLIE	Name	W. MANLY, P.A.
Address	28 RUE CHARLES DE GALLE	Address	5890 SW 34TH STREET
City-State-Zip:	YMERAY (EURE-ET-LOIR) 28320	City-State-Zip:	MIAMI FL 33155

	Electronic Signature of Registered Agent				
uthorized Person(s) Detail :					
tle	MGR	Title	AUTHORIZED REPRESENTA		
ame	SOVISH, LESLIE	Name	W. MANLY, P.A.		

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.

DOCUMENT# L18000199621 Entity Name: LESLIE SOVISH INTERIORS, LLC

Current Principal Place of Business:

28 RUE CHARLES DE GALLE YMERAY (EURE-ET-LOIR), 28320

Current Mailing Address:

28 RUE CHARLES DE GALLE YMERAY (EURE-ET-LOIR), 28320 FR

FEI Number: 47-3116945

Name and Address of Current Registered Agent:

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

03/03/2023 ATTORNEY OF RECORD

FILED Mar 03, 2023 Secretary of State 9417314979CC

Certificate of Status Desired: Yes

Date

Date