

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000210410

**Entity Name:** 4721 LEILA, LLC

**Current Principal Place of Business:**

4721 W LEILA AVE  
TAMPA, FL 33616

**Current Mailing Address:**

3005 W BAY VISTA AVE  
TAMPA, FL 33611

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

HNP PRODUCTS SERVICES, LLC  
3005 W BAY VISTA AVE  
TAMPA, FL 33611 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 HNP PRODUCT SERVICES, LLC  
Address 3005 W BAY VISTA AVE  
City-State-Zip: TAMPA FL 33611

*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: HNP PRODUCT SERVICES LLC**

**MANAGER**

**04/25/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date