

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000218122

**Entity Name:** QLEEF LLC

**Current Principal Place of Business:**

900 NORTH FEDERAL HWY  
STE # 300  
HALLANDALE, FL 33009

**Current Mailing Address:**

900 NORTH FEDERAL HWY  
STE # 300  
HALLANDALE, FL 33009 US

**FEI Number:** 31-0579363

**Certificate of Status Desired:** No

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

MIZARBA LLC  
900 NORTH FEDERAL HWY  
STE # 300  
HALLANDALE, FL 33009 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 MIZARBA LLC  
Address 900 NORTH FEDERAL HWY  
SUITE # 300  
City-State-Zip: HALLANDALE FL 33009

Title MGR  
Name GOHEELS 2004 LLC  
Address 900 NORTH FEDERAL HWY  
SUITE 300  
City-State-Zip: HALLANDALE FL 33009

Title MGR  
Name EOLI LLC  
Address 900 NORTH FEDERAL HWY  
SUITE 300  
City-State-Zip: HALLANDALE FL 33009

Title MGR  
Name RED AND YELLOW  
Address 900 NORTH FEDERAL HWY  
SUITE 300  
City-State-Zip: HALLANDALE FL 33009

Title MGR  
Name JUMA VENTURES LLC  
Address 900 NORTH FEDERAL HWY  
SUITE 300  
City-State-Zip: HALLANDALE FL 33009

*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:** MIZARBA

**MGR**

**01/31/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date