

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M23000006273

**Entity Name:** LEEDS EQUITY ADVISORS, LLC

**Current Principal Place of Business:**

590 MADISON AVE., 40TH FLOOR  
NEW YORK, NY 10022

**Current Mailing Address:**

590 MADISON AVE., 40TH FLOOR  
NEW YORK, NY 10022 US

**FEI Number:** 52-2190542

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 PS  
Name LEEDS, JEFFREY T  
Address 400 ROYAL PALM WAY, STE. 404  
City-State-Zip: PALM BEACH FL 33480

Title MGR  
Name LEEDS MANAGER FEEDER, L.P.  
Address 590 MADISON AVE., 40TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title MBR  
Name LEEDS MANAGER FEEDER, L.P.  
Address 590 MADISON AVE., 40TH FLOOR  
City-State-Zip: NEW YORK NY 10022

*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:** ANNIE SHICK

**AUTHORIZED SIGNER**

**02/09/2024**

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

\_\_\_\_\_  
Date