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200	1 UNIFORM BUS	INESS REPO	RT	(UBR)	_		^			
DOCUMENT # L0000013029						H H				
JEFF LE	E, L.L.C.			1	FILED	()				
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Principal Place of Business Mailing Address Mailing Address					01 ^	CTIPY OF STATE	•			
10121 CALUMET LANE 10121 CALUMET LANE LAKE WORTH FL 33467 LAKE WORTH FL 33467				i	SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 3. Mailing Address			·		·.					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		7	DO NOT WRI	TE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number Applied For Not Applicable				7	
Zip	Country	Zip	Cour	ntry	5. Cert	ificate of Status Desired	S5.00 Ad	Iditional	1	
	6. Name and Address of Current	Registered Agent			7. Nam	e and Address of New F	•		┧-	
				Name TEFF LEE						
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE				Street Address	(P.O. Box N	lumber is Not Acceptable	ANE]	
CORAL GABLES FL 33134										
				City LAK-	e Wo	RTU	FL Zip Coo	ie/47]	
8. The above	e named entity submits this statement for	r the purpose of changing its	register	ed office or registe	ered agent,	or both, in the State of Fk				
SIGNATURE .	JEPFREY C. Le	: Registate	d Kgent signature require	d when reinstat	ing)	4/8/0/	 -			
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9.						ADDITIONS			إ	
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CITY-ST-ZIP	<u> </u>		-	-ST-ZIP					ļ	
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STREET ADDRESS CITY-ST-ZIP	•			ET ADDRESS -St-zip						
11. I hereby of indicated	Lertify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have t	the exe	mption stated in Se e legal effect as if r	nade under	roath; that I am a manag	jing member or manage	er of the		
		Les Discours	د الخور	J	505, 10	Uk/	561 1 7538°			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Diste Diste District Priorie*										