07/13/2004 14:26 9544549447 ALAN MILLER

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Secretary of State
07-28-2004 90099 013 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

14026988

DOCUMENT # L01000009238

1. Entity Name
LEON SERVICES, LLC

07132004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
6591 SKYLINE DRIVE DELRAY BEACH, FL 33446	6591 SKYLINE DRIVE DELRAY BEACH, FL 33446

2. Principal Place of Business	3. Mailing Address
3341 SW 15 ST	3341 SW 15 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH FL	City & State: POMPANO BEACH, FL.
Zip: 33069 Country: US	Zip: 33069 Country: US.

4. FEI Number: 02-0584630 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OLLE, DENNIS J
2601 SOUTH BAYSHORE DRIVE
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name: STEVEN SCIARRETTA
Street Address (P.O. Box Number Is Not Acceptable): 7300 GLADES RD STE 307 EAST
City: BOCA RATON FL Zip Code: 33431

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: STEVEN SCIARRETTA 7/16/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailed) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARONOWITZ, JEANNETTE 6591 SKYLINE DR DELRAY BEACH, FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARONOWITZ, JACK 6591 SKYLINE DRIVE DELRAY BEACH, FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ARONOWITZ, ERIC 6591 SKYLINE DRIVE DELRAY BEACH, FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REED, FRANCINE 3968 GREEN FOREST DR BOYNTON BEACH, FL 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: 7/15/04 (954) 979-3845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #