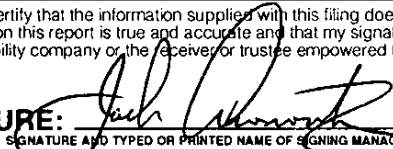


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90384 041 ****50.00

DOCUMENT # L01000009238 1. Entity Name LEON SERVICES, LLC					
Principal Place of Business 3341 SW 15 STREET POMPAÑO BEACH, FL 33069			Mailing Address 3341 SW 15 STREET POMPAÑO BEACH, FL 33069		
2. Principal Place of Business SAME		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0584630	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SCIARRETTA, STEVEN 2300 GLADES RD STE 302 EAST BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name NOT APPLICABLE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	PD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	ARONOWITZ, JEANNETTE		NAME		
STREET ADDRESS	6591 SKYLINE DR		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ARONOWITZ, JACK		NAME		
STREET ADDRESS	6591 SKYLINE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ARONOWITZ, ERIC		NAME		
STREET ADDRESS	6591 SKYLINE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	REED, FRANCINE		NAME		
STREET ADDRESS	3968 GREEN FOREST DR		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			JACK L. ARONOWITZ 3/14/05 954-979-3845		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		