

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009238

Entity Name: LEON SERVICES, LLC

FILED
Jul 09, 2007
Secretary of State

Current Principal Place of Business:

3341 SW 15 STREET
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

3341 SW 15 STREET
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 02-0584630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCIARRETTA, STEVEN
2300 GLADES RD
STE 302 EAST
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: PD () Delete
Name: ARONOWITZ, JACK
Address: 6591 SKYLINE DRIVE
City-St-Zip: DELRAY BEACH, FL 33446

Title: SD () Delete
Name: ARONOWITZ, ERIC
Address: 6591 SKYLINE DRIVE
City-St-Zip: DELRAY BEACH, FL 33446

Title: VD () Delete
Name: REED, FRANCINE
Address: 3968 GREEN FOREST DR
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JACK ARONOWITZ

PD

07/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date