

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009238

Entity Name: LEON SERVICES, LLC

FILED  
Feb 27, 2009  
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)

**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 L. ARONOWITZ

PD

02/27/2009

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