

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # L01000010060

1. Entity Name
LEONE FAMILY HOLDINGS, LC



Principal Place of Business
**1100 SE 5TH COURT #11
POMPANO BEACH, FL 33060-8160**

Mailing Address
**1100 SE 5TH COURT #11
POMPANO BEACH, FL 33060-8160**



02262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1117491

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEONE, JOSEPH E
1100 SE 5TH COURT #11
POMPANO BEACH, FL 33060-8160**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-------------------------|
| TITLE | MGRM |
| NAME | LEONE, JOSEPH E |
| STREET ADDRESS | 1100 SE 5 CT 11 |
| CITY- ST- ZIP | POMPANO BEACH, FL 33060 |
| TITLE | MGRM |
| NAME | LEONE, PATRICIA |
| STREET ADDRESS | 1100 SE 5 CT 11 |
| CITY- ST- ZIP | POMPANO BEACH, FL 33060 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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03/30/07-80104-016 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/16/07

Date

Daytime Phone # _____