

**LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

08-27-2007 90121 014 \*\*\*\*50.00

DOCUMENT # L03000046775

1. Entity Name

LEONARD MASONARY LLC



**DO NOT WRITE IN THIS SPACE**

60055109

2. Principal Place of Business

3017 MORNING GLORY DR.

Suite, Apt. #, etc.

LAKE PLACID FL

City & State

3. Mailing Address

3017 MORNING GLORY DR

Suite, Apt. #, etc.

LAKE PLACID FL

City & State

CR2E083B (8/05)

4. FEI Number

11-3708632

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LEONARD JAMES HENRY

Street Address (P.O. Box Number is Not Acceptable)

3017 MORNING GLORY DR.

City

LAKE PLACID

FL

Zip Code

33852

**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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEONARD JAMES HENRY 3017 MORNING GLORY DR LAKE PLACID, FL 33852	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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:

James H. Leonard

JAMES H. LEONARD

8-20-07

863-465-7297

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

Date

Daytime Phone #