

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000024642

Entity Name: LEAL & SECADA, LLC

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9355 GALLARDO ST  
CORAL GABLES, FL 33156

**New Principal Place of Business:**

6039 COLLINS AVENUE STE 609  
MIAMI BEACH, FL 33141 US

**Current Mailing Address:**

9355 GALLARDO ST  
CORAL GABLES, FL 33156

**New Mailing Address:**

6039 COLLINS AVENUE STE 609  
MIAMI BEACH, FL 33141 US

FEI Number: 04-3818968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEAL, EDUARDO A  
9355 GALLARDO ST  
CORAL GABLES, FL 33156 US

**Name and Address of New Registered Agent:**

LEAL, EDUARDO A  
6039 COLLINS AVE STE 609  
MIAMI BEACH, FL 33141 US

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: EDUARDO A LEAL

02/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SECADA, JUAN  
Address: 5175 S.W. 62ND AVE.  
City-St-Zip: MIAMI, FL 33155

Title: MGR  
Name: LEAL, EDUARDO A  
Address: 6039 COLLINS AVE # 609  
City-St-Zip: MIAMI BEACH, FL 33141 US

I hereby 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: EDUARDO A LEAL

MGR

02/27/2012

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