

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000007616

Entity Name: CASA DE LEONE, LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

402 SOUTH KENTUCKY AVENUE,  
SUITE 390  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 215  
LAKELAND, FL 33802

**New Mailing Address:**

FEI Number: 20-4036265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, FREIDA S  
402 SOUTH KENTUCKY AVENUE,  
SUITE 390  
LAKELAND, FL 33801 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: P  
Name: WILLIAMS, FREIDA S  
Address: 402 SOUTH KENTUCKY AVE SUITE 390  
City-St-Zip: LAKELAND, FL 33801

Title: MS  
Name: CORA, A HUTSON  
Address: 402 SOUTH KENTUCKY AVE STE 390  
City-St-Zip: LAKELAND, FL 33801

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: FREIDA S WILLIAMS

P

01/04/2012

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