

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061532

Entity Name: LEON ENTERPRISES LLC

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

3685 W. DAVIE BLVD.
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

3685 W. DAVIE BLVD.
FT. LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 20-5086789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RASCOVSKY, ADOLFO S
20291 N.E. 30 AVENUE, SUITE 105
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

MONASTIRSKY, CARLOS
20200 W COUNTRY CLUB DR.
124
AVENTURA, FL 33180 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: CARLOS MONASTIRSKY

04/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RASCOVSKY, ADOLFO S
Address: 20291 N.E. 30 AVE., SUITE 105
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: MGRM () Delete
Name: MONASTIRSKY, CARLOS A
Address: 20200 W. COUNTRY CLUB DRIVE, SUITE 124
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MONASTIRSKY, MATIAS
Address: 20200 W.COUNTRY CLUB DR. SUITE 124
City-St-Zip: AVENTURA, FL 33180

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: CARLOS MONASTIRSKY

MGR

04/25/2008

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