

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90114 008 ****50.00

DOCUMENT # L06000069152

1. Entity Name
LEON'S GARAGE DOORS, LLC



Principal Place of Business

**18960 S.W. 265 STREET
HOMESTEAD, FL 33031**

Mailing Address

**18960 S.W. 265 STREET
HOMESTEAD, FL 33031**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07032007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-5204340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GALVEZ, INOEL
18960 S.W. 265 STREET
HOMESTEAD, FL 33031**

7. Name and Address of New Registered Agent

Name **INOEL GALVEZ**

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

18690 S.W. 265 Street.

City **HOMESTEAD**

FL Zip Code **33031**

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 September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **GALVEZ, INOEL**
STREET ADDRESS **18960 S.W. 265 STREET**
CITY - ST - ZIP **HOMESTEAD, FL 33031**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-3-07 (786) 243-3956