

LO70000652299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

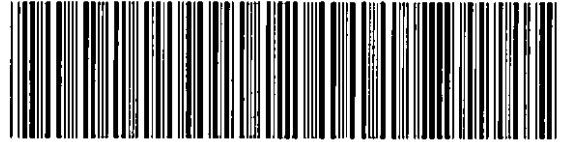
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STATE OF NEW YORK
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Leading Solutions LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wendy Lichtenstein

Name of Person

Leading Solutions LLC

Firm/Company

3371 West Vine Street, Suite 201

Address

Kissimmee, FL 34741

City/State and Zip Code

wll@leadingsolutions-llc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wendy Lichtenstein

at (407) 201-5727

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

INHS18 (2/14)

FILED
2024 MAY 13 PM 12:54
TOLSON COUNTY CLERK