

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000091920

Entity Name: LEONE PROVISIONS, LLC.

**FILED**  
**Sep 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

916 SE 14TH AVENUE  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

916 SE 14TH AVENUE  
CAPE CORAL, FL 33990

**New Mailing Address:**

FEI Number: 80-0268440

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEONE, ARMANDO C SR  
1758 SANDY CIRCLE  
CAPE CORAL, FL 33904 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: MGR  
Name: LEONE, ARMANDO C SR.  
Address: 1758 SANDY CIRCLE  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM  
Name: LEONE, ANGELA R  
Address: 1758 SANDY CIRCLE  
City-St-Zip: CAPE CORAL, FL 33904

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: ARMANDO LEONE SR

MGRM

09/13/2012

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