

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000117351

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Entity Name:** LEON CONSULTING ENTERPRISE, LLC.

**Current Principal Place of Business:**

142 ANCONA AVE  
DEBARY, FL 32713 US

**New Principal Place of Business:**

**Current Mailing Address:**

142 ANCONA AVE  
DEBARY, FL 32713 US

**New Mailing Address:**

**FEI Number:** 26-4009725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEON, VLADIMIR  
142 ANCONA AVE  
DEBARY, FL 32713 US

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

LEON, TELKRIS  
142 ANCONA AVE  
DEBARY, FL 32713 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: TELKRIS LEON

01/26/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LEON, VLADIMIR  
Address: 142 ANCONA AVE  
City-St-Zip: DEBARY, FL 32713 US

Title: MGRM  
Name: LEON, TELKRIS  
Address: 142 ANCONA AVE  
City-St-Zip: DEBARY, FL 32713 US

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: TELKRIS LEON

MM

01/26/2010

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