

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20683

Entity Name: LEISURE CITY SERVICE CENTER, INC.

Current Principal Place of Business:

29421 SW 152ND AVE.
LEISURE CITY, FL 33033-2847

Current Mailing Address:

C/O BLAKESBERG & CO CPAS
951 SW 4TH AVE
BOCA RATON, FL 33432-5803 US

FEI Number: 59-2083776

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLAKESBERG, JON D
951 SW 4TH AVE
BOCA RATON, FL 33432-5803 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: JON D BLAKESBERG

03/13/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name LEON, REINALDO
Address 29421 S.W. 152ND AVE.
City-State-Zip: LEISURE CITY FL 33033-2847

Title VP
Name NIETO, MIRIAM
Address 29421 SW 152 AVE
City-State-Zip: LEISURE CITY FL 33033-2847

Title S
Name LEON, MARTHA
Address 29421 SW 152 AVE
City-State-Zip: LEISURE CITY FL 33033-2847

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEON, REINALDO

P

03/13/2019

Electronic Signature of Signing Officer/Director Detail

Date