## 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H64405

**Entity Name: LECESSE DEVELOPMENT CORPORATION** 

**FILED** Mar 25, 2025 **Secretary of State** 1671954918CC

## **Current Principal Place of Business:**

650 S. NORTHLAKE BLVD SUITE 450

ALTAMONTE SPRINGS, FL 32701

## **Current Mailing Address:**

650 S. NORTHLAKE BLVD SUITE 450 ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 59-2569163 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LECCESE, SALVADOR F 650 S. NORTLAKE BLVD SUITE 450 ALTAMONTE SPRINGS, FL 32701 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:

Electronic Signature of Registered Agent

Officer/Director Detail:

Title P. CEO Title

LECCESE, SALVADOR F Name Name FLYNN, JOHN

650 NORTHLAKE BLVD. 650 S. NORTHLAKE BLVD Address Address

SUITE 450 City-State-Zip: ALTAMONTE SPRINGS FL 32701

City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VΡ

Title COO Name LECCESE, ANDREW Name KEENAN, JOHN CALEB

650 S. NORTHLAKE BLVD Address 650 S. NORTHLAKE BLVD Address

SUITE 450 SUITE 450

ALTAMONTE SPRINGS FL 32701 City-State-Zip:

City-State-Zip: ALTAMONTE SPRINGS FL 32701

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.

Ρ

Date