

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000122442

**Entity Name:** LEONOR M LEAL CPA, LLC

**Current Principal Place of Business:**

2350 CORAL WAY  
SUITE 202  
MIAMI, FL 33145

**Current Mailing Address:**

2350 CORAL WAY  
SUITE 202  
MIAMI, FL 33145 US

**FEI Number:** 20-8201171

**Certificate of Status Desired:** No

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

PENA, ARTURO P  
8100 SW 138 STREET  
VILLAGE OF PALMETTO BAY, FL 33158 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MANAGER
Name	LEAL, LEONOR M	Name	PENA, ARTURO P
Address	2350 CORAL WAY SUITE 202	Address	2350 CORAL WAY SUITE 202
City-State-Zip:	MIAMI FL 33145	City-State-Zip:	MIAMI FL 33145

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEONOR LEAL

**MANAGER MEMBER**

**03/17/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date