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 M LEAL

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER MEMBER

04/29/2015

Date

2015 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

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

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

FILED Apr 29, 2015 Secretary of State CC0736571630

Certificate of Status Desired: No

MANAGER