

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000044004

**Entity Name:** LEILAN CREATIONS LLC

**Current Principal Place of Business:**

1209 SAXON BLVD  
# 6  
ORANGE CITY, FL 32763

**Current Mailing Address:**

1209 SAXON BLVD  
# 6  
ORANGE CITY, FL 32763 US

**FEI Number:** 27-2419208

**Certificate of Status Desired:** No

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

TAX CARE, INC  
417 CENTER POINTE CIR  
SUITE 1737  
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:** DANIEL ALVAREZ

04/03/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGING MEMBER  
Name           MCMANUS, LEI E  
Address        1209 SAXON BLVD  
                  # 6  
City-State-Zip: ORANGE CITY FL 32763

Title           MANAGING MEMBER  
Name           KEENE, MEDARD E  
Address        1209 SAXON BLVD  
                  # 6  
City-State-Zip: ORANGE CITY FL 32763

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEI E. MCMANUS

MANAGING MEMBER

04/03/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date