

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000145651

**Entity Name:** LEONARD & WITHERS, CPAS, PL

**Current Principal Place of Business:**

3837 KILLEARN CT  
STE A  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

3837 KILLEARN CT  
STE A  
TALLAHASSEE, FL 32309 US

**FEI Number:** 45-4138976

**Certificate of Status Desired:** No

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

LEONARD III, COMAN C  
3837 KILLEARN CT  
STE A  
TALLAHASSEE, FL 32309 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:** COMAN C LEONARD III

06/27/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LEONARD III, COMAN C  
Address 3837 KILLEARN CENTER CT  
STE A  
City-State-Zip: TALLAHASSEE FL 32309

Title MANAGER  
Name WITHERS, BARBARA S  
Address 4413 SHANNON LAKES WEST  
City-State-Zip: TALLAHASSEE FL 32309

Title MANAGER  
Name LEONARD, MIRTHA L  
Address 3837 KILLEARN CT  
STE A  
City-State-Zip: TALLAHASSEE FL 32309

*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:** COMAN C LEONARD III

MMGR

06/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date