

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000145651

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

**Current Principal Place of Business:**

3837 KILLEARN CENTER CT  
STE A  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

3837 KILLEARN CENTER 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 CENTER 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

04/20/2014

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 MGRM  
Name WITHERS, BARBARA S  
Address 1533 ALLIGATOR DR  
City-State-Zip: ALLIGATOR POINT FL 32343

*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

MGR

04/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date