## 2022 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 04/11/2022

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MGRM Title MANAGER

Name LEONARD III, COMAN C Name WITHERS, BARBARA S

Address 3837 KILLEARN CENTER CT Address 4413 SHANNON LAKES WEST

STE A

City-State-Zip: TALLAHASSEE FL 32309

Title MANAGER

Name LEONARD, MIRTA 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 MGRM

Electronic Signature of Signing Authorized Person(s) Detail

04/11/2022

Date

FILED Apr 11, 2022

**Secretary of State** 

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