

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000124244

Entity Name: LEETHPAX, LLC

Current Principal Place of Business:

30 NORTH WILDFLOWER DRIVE
623
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

30 NORTH WILDFLOWER DRIVE
623
SANTA ROSA BEACH, FL 32459 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEE, BRYSON
30 NORTH WILDFLOWER DRIVE
623
SANTA ROSA BEACH, FL 32459 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

Date

Authorized Person(s) Detail :

Title MGRM
Name LEE, BRYSON
Address 30 NORTH WILDFLOWER DRIVE
623
City-State-Zip: SANTA ROSA BEACH FL 32459

Title MGRM
Name PAXTON, KYLE
Address 466 AMELIA LANE
City-State-Zip: SANTA ROSA BEACH FL 32459

Title MGRM
Name ETHERIDGE, LOGAN
Address 30 NORTH WILDFLOWER DRIVE
623
City-State-Zip: SANTA ROSA BEACH FL 32459

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: KYLE PAXTON

MGRM

04/07/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date