

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000016213

Entity Name: LECKINGER REMODELING L.L.C.

Current Principal Place of Business:

1290 MANOR HOUSE DR.
TALLAHASSEE, FL 32312

Current Mailing Address:

1290 MANOR HOUSE DR.
TALLAHASSEE, FL 32312

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LECKINGER, SUSIE
1290 MANOR HOUSE DR.
TALLAHASSEE, FL 32312 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 LECKINGER, SCOTT M
Address 1290 MANOR HOUSE DR.
City-State-Zip: TALLAHASSEE FL 32312

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: SCOTT M. LECKINGER

MGRM

03/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date