

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000074370

Entity Name: ONLEASON LLC

Current Principal Place of Business:

306 MYRTLEWOOD RD
SUNTREE, FL 32940

Current Mailing Address:

P.O.BOX 372086
SATELLITE BEACH, FL 32937

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OWENS, ALICIA E
306 MYRTLEWOOD RD
SUNTREE, FL 32940 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 MGR
Name OWENS, ALICIA E
Address 306 MYRTLEWOOD RD
City-State-Zip: SUNTREE FL 32940

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: ALICIA E OWENS

MGR

04/14/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date