

**2017 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 OWENS

MGR

04/25/2017

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date