

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000047698

Entity Name: LESLIE E OWEN, AGENT, LLC

Current Principal Place of Business:

7069 CABRAL ST.
PENSACOLA, FL 32503

Current Mailing Address:

7069 CABRAL ST.
PENSACOLA, FL 32503 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
A
TAMPA, FL 33612 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 AMBR
Name OWEN, LESLIE E
Address 7069 CABRAL ST.
City-State-Zip: PENSACOLA FL 32503

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: LESLIE E OWEN _____

AUTHORIZED MEMBER

09/17/2015

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date