

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000122685

**FILED**  
**Jan 11, 2019**  
**Secretary of State**  
**3811866549CC**

**Entity Name:** LEAVES OF GOLD LLC

**Current Principal Place of Business:**

8000 WEST DRIVE,  
UNIT 314  
NORTH BAY VILLAGE, FL 33141-5663

**Current Mailing Address:**

8000 WEST DRIVE,  
UNIT 314  
NORTH BAY VILLAGE, FL 33141-5663 US

**FEI Number:** 35-2513539

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 OPERATING MANAGER, SECRETARY  
Name ROSELLI, MARITZA SILVIA  
Address 8000 WEST DRIVE,  
UNIT 314  
City-State-Zip: NORTH BAY VILLAGE FL 33141-5663

Title VICE OPERATING MANAGER,  
TREASURER  
Name QUIROLO, MIGUEL ANGEL  
Address 8000 WEST DRIVE,  
UNIT 314  
City-State-Zip: NORTH BAY VILLAGE FL 33141-5663

*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:** ROSELLI , MARITZA SILVIA

**MGR**

**01/11/2019**

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

\_\_\_\_\_  
Date