

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000142514

**FILED  
Mar 20, 2018  
Secretary of State  
CC4849846429**

**Entity Name:** LECESE ANCORA INTERNATIONAL, LLC

**Current Principal Place of Business:**

650 S. NORTHLAKE BLVD  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

650 S. NORTHLAKE BLVD  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 47-1813546

**Certificate of Status Desired:** No

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

LECESSE DEVELOPMENT CORP.  
650 S. NORTHLAKE BLVD  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701 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 P  
Name LECESE, SALVADOR  
Address 650 S. NORTHLAKE BLVD., SUITE 450  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VP  
Name FLYNN, JOHN  
Address 650 S NORTHLAKE BLVD., SUITE 450  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MGR  
Name LECESE OP, LLLP  
Address 650 S NORTHLAKE BLVD., SUITE 450  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MGR  
Name FK ORLANDO VENTURES I, LLC  
Address 650 S NORTHLAKE BLVD., SUITE 450  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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:** SALVADOR F. LECESE

P

03/20/2018

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

\_\_\_\_\_  
Date