

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000051756

**Entity Name:** CORINNELECLAIRE,LLC

**Current Principal Place of Business:**

51 DUNLAWTON AVENUE  
PORT ORANGE, FL 32127

**Current Mailing Address:**

51 DUNLAWTON AVENUE  
PORT ORANGE, FL 32127 US

**FEI Number:** 47-4143186

**Certificate of Status Desired:** No

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

LECLAIRE, CORINNE B  
51 DUNLAWTON AVENUE  
PORT ORANGE, FL 32127 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:** CORINNE B LECLAIRE

01/17/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name LECLAIRE, CORINNE B  
Address 51 DUNLAWTON AVENUE  
City-State-Zip: PORT ORANGE FL 32127

Title AMBR  
Name LECLAIRE, MICHAEL J  
Address 51 DUNLAWTON AVENUE  
City-State-Zip: PORT ORANGE FL 32127

*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:** CORINNE LECLAIRE

AMBR

01/17/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date