

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000077476

**Entity Name:** RAFAEL R LEON MANAGEMENT SERVICES LLC

**Current Principal Place of Business:**

290 SUNRISE DRIVE  
107  
KEY BISCAYNE , FL 33149-2101

**Current Mailing Address:**

290 SUNRISE DRIVE  
107  
KEY BISCAYNE , FL 33149-2101 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LEON, RAFAEL R  
290 SUNRISE DRIVE  
107  
KEY BISCAYNE , FL 33149-2101 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            LEON, RAFAEL R  
Address        290 SUNRISE DRIVE  
                  107  
City-State-Zip: KEY BISCAYNE FL 33149-2101

*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:** RAFAEL R LEON

**MANAGER**

**04/29/2016**

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

\_\_\_\_\_  
Date