

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000156167

**Entity Name:** LEAL DELIVERY LLC

**Current Principal Place of Business:**

12818 CEDAR FOREST DR  
APT 206  
TAMPA, FL 33625

**Current Mailing Address:**

12818 CEDAR FOREST DR  
APT 206  
TAMPA, FL 33625 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LEAL, MARIO  
12818 CEDAR FOREST DR  
APT 206  
TAMPA, FL 33625 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:** MARIO LEAL

03/29/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LEAL, MARIO  
Address 12818 CEDAR FOREST DR  
APT 206  
City-State-Zip: TAMPA FL 33625

*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:** MARIO LEAL

MGR

03/29/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date