#### 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: LEANDRO LEAL

Electronic Signature of Signing Authorized Person(s) Detail

# **Current Mailing Address:**

Entity Name: LEAL CAPITAL TRUST 5, LLC

**Current Principal Place of Business:** 

4469 S.W. 75TH AVENUE MIAMI, FL 33155 US

4469 S.W. 75TH AVENUE MIAMI, FL 33155

DOCUMENT# L15000190424

#### FEI Number: 47-5648085

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

LEAL, LEANDRO O 4469 S.W. 75TH AVENUE MIAMI, FL 33155 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

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	LEAL, JOSE J	Name	LEAL, LEANDRO O
Address	4469 S.W. 75TH AVENUE	Address	4469 S.W. 75TH AVENUE
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

04/28/2016

MGR

# Apr 28, 2016 Secretary of State CC8673209020

FILED

Certificate of Status Desired: No

Date

Date