

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000190432

**Entity Name:** LEAL CAPITAL TRUST 2, LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 47-5670756

**Certificate of Status Desired:** No

**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

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	LEAL, JOSE J	Name	LEAL, LEANDRO O
Address	4501 S.W. 74TH AVENUE	Address	4501 S.W. 74TH AVENUE
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

*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

**MGR**

**04/28/2016**

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

\_\_\_\_\_ Date