

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000016094

**Entity Name:** LESLIE LOHN LLC

**Current Principal Place of Business:**

1460 SOUTH MCCALL ROAD  
UNIT 2E  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

4095 RODERIGO AVENUE  
NORTH PORT, FL 34286 US

**FEI Number:** 81-1259343

**Certificate of Status Desired:** No

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

LOHN, LESLIE R  
4095 RODERIGO AVENUE  
NORTH PORT, FL 34286 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  
Name LOHN, LESLIE R  
Address 4095 RODERIGO AVE  
City-State-Zip: NORTH PORT FL 34286

*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:** LESLIE LOHN

MGR

04/24/2018

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

\_\_\_\_\_  
Date