

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000028198

**Entity Name:** GUILLERMO DE LEON ASSOCIATES, LLC

**Current Principal Place of Business:**

5140 SE 30 ST UNIT 3C  
OCALA, FL 34480

**Current Mailing Address:**

5140 SE 30 ST UNIT 3C  
OCALA, FL 34480 US

**FEI Number: 82-0963905**

**Certificate of Status Desired: No**

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

DE LEON, GUILLERMO  
5140 SE 30 ST UNIT 3C  
OCALA, FL 34480 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	Title	MGR
Name	DE LEON, GUILLERMO	Name	DE LEON, GUILLERMO
Address	5140 SE 30 ST UNIT 3C	Address	5140 SE 30 ST UNIT 3C
City-State-Zip:	OCALA FL 34480	City-State-Zip:	OCALA FL 34480

*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: GUILLERMO DE LEON**

**05/01/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date