

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000048493

**Entity Name:** LECLERCQ, LLC

**Current Principal Place of Business:**

14824 TUDOR CHASE DRIVE  
TAMPA, FL 33626

**Current Mailing Address:**

14824 TUDOR CHASE DR  
TAMPA, FL 33626 US

**FEI Number:** 82-0744560

**Certificate of Status Desired:** No

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

DEAN, ESQ., TIMOTHY S  
230 NE 25TH AVENUE  
SUITE 300  
OCALA, FL 34470 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	LECLERCQ, ZALILA	Name	LECLERCQ, BAUDOUIIN
Address	14824 TUDOR CHASE DRIVE	Address	14824 TUDOR CHASE DRIVE
City-State-Zip:	TAMPA FL 33626	City-State-Zip:	TAMPA FL 33626

*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:** ZALILA LECLERCQ

**MANAGING PARTNER**

**03/19/2024**

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

\_\_\_\_\_  
Date