

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000117374

**Entity Name:** LEALESCAN LLC

**Current Principal Place of Business:**

10190 NW 27 TER  
DORAL, FL 33172

**Current Mailing Address:**

10190 NW 27 TER  
DORAL, FL 33172 US

**FEI Number:** 82-1716705

**Certificate of Status Desired:** No

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

THIELEN, MARIA  
10190 NW 27 TER  
DORAL, FL 33172 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           | AMBR            |
| Name            | THIELEN, SCARLETT | Name            | THIELEN, ANDREA |
| Address         | 10190 NW 27 TER   | Address         | 10190 NW 27 TER |
| City-State-Zip: | DORAL FL 33172    | City-State-Zip: | DORAL FL 33172  |

Title MGR  
Name THIELEN, MARIA  
Address 10190 NW 27 TER  
City-State-Zip: DORAL FL 33172

*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:** MARIA THIELEN

MGR

04/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date