

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000161834

**Entity Name:** HOLLY LEAF, LLC**Current Principal Place of Business:**1616 LOST COVE LN  
PANAMA CITY BEACH, FL 32413**Current Mailing Address:**P.O. BOX 19404  
PANAMA CITY BEACH, FL 32417 US**FEI Number:** 82-2347183**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TEHRANI, HT  
1616 LOST COVE LN  
PANAMA CITY BEACH, FL 32413 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	TEHRANI, HT
Address	1616 LOST COVE LN
City-State-Zip:	PANAMA CITY BEACH FL 32413

Title	AMBR
Name	PEREZ, RIGOBERTO GARCIA
Address	9900 SOUTH THOMAS DR UNIT 514
City-State-Zip:	PANAMA CITY BEACH FL 32408

Title	MBR
Name	TEHRANI, ARIANNA
Address	P.O. BOX 19404
City-State-Zip:	PANAMA CITY BEACH FL 32417

Title	AMBR
Name	LOPEZ, DAMIAN RINCON
Address	2419 VALLEY OAK CT
City-State-Zip:	PANAMA CITY BEACH FL 32408

*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:** HT TEHRANI

MGR

04/14/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date