## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000020134

Entity Name: ILEAD PROGRAMS, LLC

**Current Principal Place of Business:** 

11767 S DIXIE HWY. SUITE # 273 PINECREST, FL 33156 FILED
Mar 02, 2020
Secretary of State
6589544526CC

## **Current Mailing Address:**

11767 S DIXIE HWY. SUITE # 273 PINECREST, FL 33156 US

FEI Number: 82-4549894 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

VEGA, TERESA M 11767 S DIXIE HWY. SUITE # 273 PINECREST, FL 33156 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 AR Title MGR

NameCRUZ, YAMBERLINameVEGA, TERESAAddress1641 SE 23RD STREETAddress11767 S DIXIE HWY.

SUITE # 273

City-State-Zip: HOMESTEAD FL 33035

City-State-Zip: PINECREST FL 33156

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: YAMBERLI CRUZ

AUTHORIZES REPRESENTATIVE 03/02/2020