## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000098807

**Entity Name: ASHLEADER LLC** 

**Current Principal Place of Business:** 

6620 SW 7TH STREET MARGATE, FL 33068

**Current Mailing Address:** 

PO BOX 297527

PEMBROKE PINES. FL 33029

FEI Number: 46-4902815 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEADER, ASHLEY 6620 SW 7TH STREET MARGATE, FL 33068 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.

MGR

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Apr 27, 2025

**Secretary of State** 

4448621859CC

## Authorized Person(s) Detail:

Title MGR Title

ASHLEY, LEADER Name Name LEADER, ASHLEY 6620 SW 7TH STREET Address 6620 SW 7TH STREET Address City-State-Zip: MARGATE FL 33068 MARGATE FL 33068 City-State-Zip:

Title MGR Title MGR

Name LEADER, ASHLEY LEADER, ASHLEY Name Address 6620 SW 7TH STREET Address 6620 SW 7TH STREET MARGATE FL 33068 City-State-Zip: City-State-Zip: MARGATE FL 33068

Title MGR Title MGR

Name LEADER, ASHLEY LEADER, ASHLEY Name Address 6620 SW 7TH STREET 6620 SW 7TH STREET Address City-State-Zip: MARGATE FL 33068 City-State-Zip: MARGATE FL 33068

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: ASHLEY LEADER **MGR** Electronic Signature of Signing Authorized Person(s) Detail

04/27/2025

Date