## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000183052

**Entity Name: LEAVE A LEGACY FINANCIAL LLC** 

**Current Principal Place of Business:** 

10203 CONNECHUSSETT RD N TAMPA, FL 33617

**Current Mailing Address:** 

5004 E FOWLER AVE C258 TAMPA, FL 33617 US

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, AUBRETTE 1023 CONNECHUSETT RD N TAMPA, FL 33617 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title CFO Title CEO

Name JOHNSON, AUBRETTE Name JOHNSON, KYAUFA

Address 1023 CONNECHUSSETT RD N Address 1023 CONNECHUSSETT RD N

City-State-Zip: **TAMPA FL 33617** City-State-Zip: TAMPA FL 33617

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: KYAUFA JOHNSON

**CFO** 

06/30/2020

**FILED** Jun 30, 2020

**Secretary of State** 

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