

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000277496

**Entity Name:** DE LEON IT PRO, LLC

**Current Principal Place of Business:**

359 EAST 18 ST  
HIALEAH, FL 33010

**Current Mailing Address:**

359 EAST 18 ST  
HIALEAH, FL 33010

**FEI Number:** 84-3758622

**Certificate of Status Desired:** No

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

DE LEON, ASDRUVAL  
359 EAST 18 ST  
HIALEAH, FL 33010 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  
Name            DE LEON, ASDRUVAL  
Address        359 EAST 18 ST  
City-State-Zip: HIALEAH FL 33010

*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:** ASDRUVAL DE LEON

AMBR

02/27/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date