

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000065943

**Entity Name:** L360 LLC

**Current Principal Place of Business:**

134 LAKES ON THE BLUFF DR  
EASTPOINT, FL 32328

**Current Mailing Address:**

PO BOX 397  
EASTPOINT, FL 32328

**FEI Number:** 33-3243055

**Certificate of Status Desired:** No

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

LEONARD, BYRON  
134 LAKES ON THE BLUFF DR  
EASTPOINT, FL 32328 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 LEONARD, BYRON  
Address PO BOX 397  
City-State-Zip: EASTPOINT FL 32328

*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:** BYRON LEONARD

**MANAGER**

**02/05/2025**

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

\_\_\_\_\_  
Date