## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000011736

Entity Name: LLTS INC.

FILED
Mar 06, 2024
Secretary of State
1414759343CC

**Current Principal Place of Business:** 

8145 TUMBLESTONE CT APT 1225

DELRAY BEACH, FL 33446

## **Current Mailing Address:**

8145 TUMBLESTONE CT APT 1225 DELRAY BEACH, FL 33446 US

FEI Number: 93-3669411 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BOLUFE, RICKY 8145 TUMBLESTONE CT. APT 1225 DELRAY BEACH, FL 33446 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

## Officer/Director Detail:

Title PRESIDENT Title VP

Name DEE, NIKOLAS Name DIAZ, HECTOR

Address 1140 SW 14TH ST. Address 434 AUSTRALIAN CIR
City-State-Zip: BOCA RATON FL 33403 City-State-Zip: LAKE PARK FL 33403

Title TREASURER Title MANAGER

NameDRAKE-MANDEL, MARYNamePUHL, DOUGLASAddress81929 TUMBLSTONE CT APT 1031Address2739 OAK DRIVE

City-State-Zip: DELRAY BEACH FL 33446 City-State-Zip: WEST PALM BEACH FL 33406

Title MANAGER Title MANAGER

Name PRATHER, KENNETH Name BOLUFE, RICKY

Address 5959 RANCHES RD. Address 8145 TUMBLESTONE CT. APT 1225

City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: DELRAY BEACH FL 33446

**MANAGER** 

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.