

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000058922

**Entity Name:** LIME LEAF THAI RESTAURANT, INC.

**Current Principal Place of Business:**

9822 TAPESTRY PARK CIRCLE  
SUITE 109  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

9822 TAPESTRY PARK CIRCLE  
SUITE 109  
JACKSONVILLE, FL 32246

**FEI Number:** 26-3022260

**Certificate of Status Desired:** No

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

LOVAN, VILAYVANH  
13285 EGRETS MARSH DRIVE  
JACKSONVILLE, FL 32224 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 P  
Name LOVAN, VILAYVANH  
Address 13285 EGRETS MARSH DRIVE  
City-State-Zip: JACKSONVILLE FL 32224

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** VILAYVANH LOVAN

RA

06/30/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date