

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000030960

Entity Name: L&S DIVERSIFIED, LLC**Current Principal Place of Business:**489 SR 436
SUITE 117
CASSELBERRY , FL 32707**Current Mailing Address:**489 SR 436
SUITE 117
CASSELBERRY, FL 32707 US**FEI Number:** 27-2336599**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MANOR, SHERRY L
489 SR 436
SUITE 117
CASSELBERRY, FL 32707 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:** SHERRY L MANOR

02/01/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name MANOR, SHERRY L
Address 489 SR 436
SUITE 117
City-State-Zip: CASSELBERRY FL 32707

Title PRESIDENT
Name MANOR, SHERRY L
Address 489 SR 436
SUITE 117
City-State-Zip: CASSELBERRY FL 32707

Title VP
Name MANOR, JUSTIN RAY
Address 489 SR 436
SUITE 117
City-State-Zip: CASSELBERRY FL 32707

Title VP
Name POUSO, FABIANA
Address 489 SR 436
SUITE 117
City-State-Zip: CASSELBERRY FL 32707

Title VP
Name ALEXANDER, BRADLEY
Address 489 SR 436
SUITE 117
City-State-Zip: CASSELBERRY FL 32707

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: FABIANA POUSO**CHIEF OPERATING
OFFICER**

02/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date