

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000153397

**Entity Name:** 11226 TTE, LLC

**Current Principal Place of Business:**

C/O LEMAC, LLC  
4001 SANTA BARBARA BLVD#364  
NAPLES, FL 34104

**Current Mailing Address:**

C/O LEMAC, LLC  
4001 SANTA BARBARA BLVD#364  
NAPLES, FL 34104 US

**FEI Number:** 46-4314472

**Certificate of Status Desired:** No

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

EGAN, A J  
C/O LEMAC, LLC  
4001 SANTA BARBARA BLVD#364  
NAPLES, FL 34104 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:** A J EGAN

02/13/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SAMS, T E  
Address C/O LEMAC, LLC  
4001 SANTA BARBARA BLVD#364  
City-State-Zip: NAPLES FL 34104

Title MGRM  
Name EGAN, K M  
Address C/O LEMAC, LLC  
4001 SANTA BARBARA BLVD#364  
City-State-Zip: NAPLES FL 34104

Title MGRM  
Name BROWN, J F  
Address C/O LEMAC, LLC  
4001 SANTA BARBARA BLVD#364  
City-State-Zip: NAPLES FL 34104

*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:** K M EGAN

MGRM

02/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date