

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000028897

**Entity Name:** LYSTON CONSULTANCY AND ENTERPRISES LLC

**Current Principal Place of Business:**

7594 OAK GROVE CIRCLE  
LAKEWORTH, FL 33467

**Current Mailing Address:**

7594 OAK GROVE CIRCLE  
LAKEWORTH, FL 33467

**FEI Number: 46-5055240**

**Certificate of Status Desired: No**

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

LYSTON, STEVE  
7594 OAK GROVE CIRCLE  
LAKEWORTH, FL 33467 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	MMGR	Title	AMBR
Name	LYSTON, STEVE	Name	LYSTON, MICHELLE \$
Address	7594 OAK GROVE CIRCLE	Address	7594 OAK GROVE CIRCLE
City-State-Zip:	LAKEWORTH FL 33467	City-State-Zip:	LAKEWORTH FL 33467

*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: STEVE LYSTON**

**PRESIDENT**

**04/27/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date