

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000077775

**Entity Name:** LETTIS2, LLC

**Current Principal Place of Business:**

4567 SE 2ND PLACE  
OCALA, FL 34471

**Current Mailing Address:**

4567 SE 2ND PLACE  
OCALA, FL 34471 US

**FEI Number:** 81-2409594

**Certificate of Status Desired:** No

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

LETTIS, SAMANTHA C  
4567 SE 2ND PLACE  
OCALA, FL 34471 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:** SAMANTHA LETTIS

01/28/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	LETTIS, DENNIS	Name	LETTIS, SAMANTHA
Address	4567 SE 2ND PLACE	Address	4567 SE 2ND PLACE
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471

*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:** SAMANTHA LETTIS

01/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date