

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000042424

**Entity Name:** LMSL ENTERPRISES, LLC

**Current Principal Place of Business:**

2161 SCARLET OAKS ST.  
CLEARWATER, FL 33759

**Current Mailing Address:**

2161 SCARLET OAKS ST.  
CLEARWATER, FL 33759 US

**FEI Number:** 82-4505670

**Certificate of Status Desired:** No

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

DIMARCO & ASSOCIATES, CPAS, PA  
220 PINE AVE N  
SUITE A  
OLDSMAR, FL 34677 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           | P                     | Title           | MEMBER                |
| Name            | COHEN, LANCE          | Name            | COHEN, SUSAN LORRAINE |
| Address         | 2161 SCARLET OAKS ST. | Address         | 2161 SCARLET OAKS ST. |
| City-State-Zip: | CLEARWATER FL 33759   | City-State-Zip: | CLEARWATER FL 33759   |

*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:** LANCE COHEN

**PRESIDENT**

**02/03/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date