Current Prin	TINE, FL 32084		2608582	2340CC
Current Mai	ling Address:			
505 22ND S SAINT AUGI	T JSTINE, FL 32084 US			
FEI Number: 82-4827343		Certificate of Status Desired: No		
Name and A	ddress of Current Registered Agent:			
	LTING SERVICES LLC WINDERMERE RD			
SUITE 233 ORLANDO, FL				
ORLANDO, FL	l entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Flo	
ORLANDO, FL	entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Flo.	04/21/2023
ORLANDO, FL	l entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Flo.	
ORLANDO, FL The above named SIGNATURE	entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Flo	04/21/2023
ORLANDO, FL The above named SIGNATURE	<ul> <li>entity submits this statement for the purpose of changing its regis</li> <li>FABIANA R DEBARROS</li> <li>Electronic Signature of Registered Agent</li> </ul>	stered office or regis	tered agent, or both, in the State of Flo.	04/21/2023
ORLANDO, FL The above named SIGNATURE Authorized	entity submits this statement for the purpose of changing its regis E: FABIANA R DEBARROS Electronic Signature of Registered Agent Person(s) Detail :			04/21/2023
ORLANDO, FL The above named SIGNATURE Authorized Title	<ul> <li>d entity submits this statement for the purpose of changing its regis</li> <li>FABIANA R DEBARROS</li> <li>Electronic Signature of Registered Agent</li> <li>Person(s) Detail :</li> <li>MGRM</li> </ul>	Title	MGRM	04/21/2023
ORLANDO, FL The above named SIGNATURE Authorized Title Name Address	entity submits this statement for the purpose of changing its regis FABIANA R DEBARROS Electronic Signature of Registered Agent Person(s) Detail : MGRM RAMIREZ CONTRERAS, PEDRO L	Title Name Address	MGRM RAMIREZ ARRIETTI, LUIS A	04/21/2023

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000065277

Entity Name: LELIS INVESTMENTS LLC

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.

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 21, 2023

Secretary of State