

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000191189

**Entity Name:** LESTER 1, LLC

**Current Principal Place of Business:**

685 ROYAL PALM BEACH BLVD  
SUITE 205  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

685 ROYAL PALM BEACH BLVD  
SUITE 205  
ROYAL PALM BEACH, FL 33411 US

**FEI Number:** 83-1517702

**Certificate of Status Desired:** No

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

SHIELDS, LES C  
685 ROYAL PALM BEACH BLVD STE 205  
ROYAL PALM BEACH, FL 33411 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            AMBR  
Name            SHIELDS, LES C  
Address        685 ROYAL PALM BEACH BLVD STE  
                  205  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title            AMBR  
Name            SHIELDS, TERESA A  
Address        685 ROYAL PALM BEACH BLVD STE  
                  205  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title            MANAGER  
Name            SHIELDS, ALEXANDER C  
Address        1729 HOLLYHOCK ROAD  
City-State-Zip: WELLINGTON FL 33414

*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:** TERESA A. SHIELDS

AMBR

04/11/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date