

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000251496

**Entity Name:** LAUREN WILSON LLC

**Current Principal Place of Business:**

5709 COVE CIRCLE  
39  
NAPLES, FL 34119

**Current Mailing Address:**

5709 COVE CIRCLE  
39  
NAPLES, FL 34119

**FEI Number:** 83-2409293

**Certificate of Status Desired:** No

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

COTTRELL TAX & ACCOUNTING LLC  
5147 CASTELLO DR  
NAPLES, FL 34103 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 WILSON, LAUREN  
Address 5709 COVE CIRCLE #39  
City-State-Zip: NAPLES FL 34119

*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:** LAUREN WILSON BLANKENSHIP

**OWNER**

**03/31/2020**

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

\_\_\_\_\_  
Date