

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000192698

**Entity Name:** LANCAS, LLC

**Current Principal Place of Business:**

927 E. NEW HAVEN AVE  
STE. 303  
MELBOURNE, FL 32901

**Current Mailing Address:**

2909 W. NEW HAVEN AVE  
SUITE A336  
WEST MELBOURNE, FL 32904 US

**FEI Number:** 84-3378504

**Certificate of Status Desired:** No

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

DELGADO, LUCAS  
927 E. NEW HAVEN AVE  
STE. 303  
MELBOURNE, FL 32901 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            DELGADO, LUCAS  
Address        2909 W. NEW HAVEN AVE  
                  SUITE A336  
City-State-Zip: WEST MELBOURNE FL 32904

Title            AMBR  
Name            DELGADO, RACHEL  
Address        2909 W. NEW HAVEN AVE  
                  SUITE A336  
City-State-Zip: WEST MELBOURNE FL 32904

Title            AMBR  
Name            DELGADO, FELIX  
Address        2909 W. NEW HAVEN AVE  
                  SUITE A336  
City-State-Zip: WEST MELBOURNE FL 32904

*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:** LUCAS DELGADO

AMBR

02/19/2024

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

\_\_\_\_\_  
Date